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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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06 MAY -2 PM 3: 17 SECRETARY OF STATE FALL A HASSEE, FLORIDA

M. HODGES

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Name of Limited	nce Paintin Liability Company)	g,LLC
The enclosed Articles of	Organization and fee(s) are su	ibmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	Breg Du	MATCC Name of Person)	
Bre	g Durrance	Painting, LL	<u>C</u> .
303	31 Wildridge	e Drive (Address)	
Talla	hassee, Flor	7 Ja 32303 State and Zip Code)	·
For further information of	concerning this matter, please	• • • •	
Breg Du Name	of Person)	at (<u>850</u>) <u>228</u> - (Area Code & Daytime To	4238 elephone Number)
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Greg Durrance K Must end with the words "Limited Liability Company, "Limi	ited Company of their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2031 Wildridge Drive Tallahassee , Fl 20203	2031 Wildridge Drive Tallahassee, Fl 32303
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the Circle During Name (2031 Wildridge Florida street address of the Tallahassee City, State,	registered agent are: CANCE e Control Contro

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REOURED)

(CONTENUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mGRM.	Greg Durrance 2031 Wildodge Dr. Tallabassee, Ft 32303
2 Manager	Patti Colun 2031 Wildridge Dr. Tallahassee, F1 32303
a. N	
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• •	-14 -55" - F/2/2/ (OPTION)
LE V: Effective date, if other than the fective date is listed, the date must	ne date of filing: 5/2/06. (OPTION be specific and cannot be more than five business da
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business da
days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with	be specific and cannot be more than five business date that the business date of a member. ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution estitutes an affirmation under the penalties of perjury

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)