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2006 JUN 16 P 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

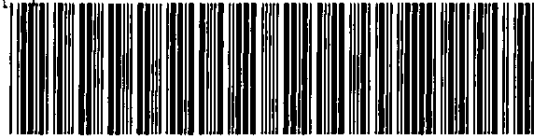
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**TRANSMITTAL LETTER**

**FILED**

2006 JUN 16 P 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TO: Registration Section  
Division of Corporations

SUBJECT: MINNICK PAINTERS LLC.

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

☐ \$125.00  
Filing fee & Designation  
of Registered Agent

☒ \$130.00  
Filing Fee, Designation of  
Registered Agent, &  
Certificate of Status

☐ \$160.00  
Filing Fee, Designation  
of Registered Agent,  
Certified Copy, &  
Certificate of Status

Please return all correspondence concerning this matter to the following:

JOSHUA HAYES MINNICK  
585 LITTLE RIVER LOOP #172  
ALTAMONTE SPRINGS, FLORIDA 32714

For Further information concerning this matter, please call: JOSHUA HAYES MINNICK at 407-552-9543.

**Street Address:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

ARTICLES OF ORGANIZATION **FILED**

OF

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MINNICK PAINTERS LLC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

**ARTICLE I - NAME**

The name of the Limited Liability Company is: MINNICK PAINTERS LLC.

**ARTICLE II - ADDRESS**

The mailing address and the street address of the principal office of the Limited Liability Company is 585 LITTLE RIVER LOOP #172, ALTAMONTE SPRINGS, FLORIDA 32714.

**ARTICLE III - REGISTERED AGENT**

The registered agent of this company shall be:

**NAME**

**ADDRESS**

JOSHUA HAYES MINNICK

585 LITTLE RIVER LOOP #172  
ALTAMONTE SPRINGS, FLORIDA 32714

*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.*

  
JOSHUA HAYES MINNICK

**ARTICLE IV - MANAGEMENT**

FILED

The name and address of each Manager or Managing Member is as follows:

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Title:

Name and Address:

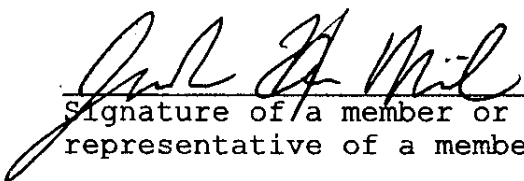
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Manager

JOSHUA HAYES MINNICK  
585 LITTLE RIVER LOOP #172  
ALTAMONTE SPRINGS, FLORIDA 32714

**ARTICLE V - EFFECTIVE DATE**

The effective date of the Limited Liability Company is requested to be June 15, 2006.

  
\_\_\_\_\_  
Signature of a member or an authorized  
representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOSHUA HAYES MINNICK  
Printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 8<sup>TH</sup> day of JUNE, 2006.

2006 JUN 16 P 3:25  
*Joshua Hayes Minnick*  
\_\_\_\_\_  
JOSHUA HAYES MINNICK  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA     )  
                              )  
COUNTY OF SEMINOLE   )

The foregoing instrument was acknowledged before me this 8TH day of JUNE, 2006, by JOSHUA HAYES MINNICK, who is personally known to me or who has produced driver's license as identification and who did take an oath.



*Jeffery R. Markham*  
\_\_\_\_\_  
Notary Public, State of Florida  
At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.

*Joshua Hayes Minnick*  
\_\_\_\_\_  
JOSHUA HAYES MINNICK

DATE: JUNE 8, 2006