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| Special Instructions to Filing Officer: | | | | | |
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SECRETARY OF STATE
DIVISION OF COMPONATIONS



COVER LETTER

| TO: | Registration Se Division of Co | | | | | | |
|-----------------------------|-----------------------------------|---|---|---|---|------------------|-------------|
| SUBJE | CT: ALL P | RO STRIPING AND | SEALING, d Liability Company | | | | |
| The end | closed Articles o | f Organization and fee(s) are s | ubmitted for filing. | | | | |
| Please | return all corresp | ondence concerning this matte | r to the following: | | • | | |
| | ASHLEY | RACHEL BROWN | l | | | | |
| | | () | Name of Person) | | | | |
| | ALL PRO | STRIPING AND | SEALING, L | LC | | | |
| | | (| Firm/Company) | | | | |
| | 16150 RI | ED BASS DRIVE | | | | | 4 |
| | | | (Address) | | | 2006 | SIAIG 3S |
| JACKSONVILLE, FLORIDA 32226 | | | | | | AU& | DR CRET |
| | | (City | (State and Zip Code) | | | 30 | OF CO |
| For fur | ther information | concerning this matter, please | call: | · | | 州川: 15 | CP STATIONS |
| ASH | LEY RACI | HEL BROWN | at (| 696-424 | <u> </u> | : 5 | TIONS |
| | (Name | of Person) | (Area Code & | t Daytime Te | lephone Number) | | • |
| Enclos | ed is a check fo | or the following amount: | | | | | |
| \$125 | .00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filir Certified Copy (additional copy is e | - | \$160.00 Filing Certificate of State Certified Copy (additional copy is enco | ıs & | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Cour Registration Division of Clifton Buil 2661 Execu Tallahassee | Section Corporation Iding Itive Center | ns | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ALL PRO STRIPING AND SEALING, LLC (Must end with the words "Limited Liability Company, "Limited | d Company" or their abbreviation "LLC," or "I | L.C.,") | |
|--|--|--|---------------------|
| ARTICLE II - Address: | noinal affian af tha Limited Liabili | tre Common | i |
| The mailing address and street address of the pri Principal Office Address: | Mailing Address: | ty Compar | ny is: |
| ASHLEY RACHEL BROWN | 16150 RED BASS DRIVE | | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the real ASHLEY RACHEL BROW Name | ered Agent. You must designate an individual of | or another 2005 AUG 30 | SECRETARY OF COP |
| 16150 RED BASS DRIV | | AH I | /303/ 15 3(|
| JACKSONVILLE City, State, as | ress (P.O. Box <u>NOT</u> acceptable) FL 32226 nd Zip | AM 11: 15 | ATE |
| Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis | nis certificate, I hereby accept the ap i. I further agree to comply with the properties of my duties, and I am fan | pointment provisions piliar with | as of all and |

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | | Name and Address: | | | |
|---------------------------------------|---|--|--|--|--|
| "MGR" = Mana; "MGRM" = Mar | | | | | |
| MGR | | ASHLEY RACHEL BROWN | | | |
| | | 16150 RED BASS DRIVE | | | |
| | | JACKSONVILLE, FLORIDA 32226 | · · | | |
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| (Use attachment | if necessary) | | | | |
| ARTICLE V: Effective | date, if other than the date | e of filing: (OP | TIONAL) | | |
| (If an effective date is lis | ited, the date must be sp | ecific and cannot be more than five busine | ess days prior | | |
| to or 90 days after the d | ate of filing.) | | | | |
| | · | | | | |
| <u>REQUIRED</u> SI | GNATURE: | | | | |
| | * AN Jown | | SECRETARY DIVISION OF CO 2006 AUG 30 | | |
| | Signature of a member or | an authorized representative of a member. | SH O | | |
| | (In accordance with section of this document constitutes that the facts stated herein | 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.) | FILED ARY OF STAI OF CORPORAL | | |
| | ASHLEY RACHEL BR | | STA: RAI | | |
| | Typed | or printed name of signee | 15 IONS IONS | | |

Filing Fees:

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