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| (City | //State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nam | ne) |
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| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: SARASOTA PAINT & REPAIR, L.C. (Name of Limited Liability Company) | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| FRED DSMUSSEN (Name of Person) | <u>. </u> |
| (Firm/Company) | , 4 . |
| 130 ISLAND CIR (Address) | • • |
| SARASPTA, FL 34242 (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| TRED ASMUSSEN at (941) 928-0750 (Name of Person) (Area Code & Daytime Telephone Number) | : ==: |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\bigcup \\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) | |
| Mailing Address Street/Courier Address | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Taliahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Sarasota PAINT & REF | pair, L.C. | , _ e · · - | |
|---|---|-------------|--------|
| Must end with the words "Limited Liability Company, "Limited | Company" or their abbreviation "LLC," or "L.C.,") | | |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Con | npany is: | |
| Principal Office Address: | Mailing Address: | | |
| CIOFRED ASMUSSEN 130 ISLAND CIR SARASOTA FL 34242 | CLOFRED ASMUSSEN 130 ISLAND CIR SARASOTA, FL 3424 | <u>.</u> | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) | | | |
| The name and the Florida street address of the re | egistered agent are: | NSE SE | i } |
| FRED ASMUS | 1.92 | JAN 23 | 7 |
| 130 ISLAND Florida street adds | ress (P.O. Box <u>NOT</u> acceptable) | AMI: | Ċ |
| SARASOTA City, State, as | FL 34242 nd Zip | 9 STE | |

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|--|
| MGRM | FRED ASMUSEN 130 ISLAND CIR. SARASOTA, EL 34242 |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) | the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior |
| | |

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.)

L HSMUSSEN
Typed or printed name of signee

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)