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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: <u>Gav</u>	Tyler Pai	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Gong Ti	ylev	Name of Person)	
•	yler Painti		O7 MAR
	center Dr		2 AM
Tallaha	155 eve Fl	(Address)	3730 4 25 8
For further information	concerning this matter, please	call:	
(Name	of Person)	at ()(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 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	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gang Tyler Painting L	<u> </u>			
(Must end with the words "Limited Liability Company, "Limited Liability Company,"	ited Company"	or their abbreviation	1 "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the p	orincipal of	fice of the Limi	ted Liability Compa	any is:
Principal Office Address:	Mailing	Address:	TAI O	
4708 center Dr	<u>_Sa</u>	me_	7 H	
Tallahassue			— → →	محس
Florida S2305			S = 2	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi business entity with an active Florida registration.) The name and the Florida street address of the	registered a	You must designate a	gent's Signature: un individual or another ORIO	
Gary Tyler	e			
4708 Center D Florida street ac	ddress (P.O. E	Box <u>NOT</u> acceptab	le)	
Tallulassee	FL	32305		
City, State,	and Zip			

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..

Register 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> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	Gamy Lee Taler 4708 Center Dr Tallabassee FIA DS 0			
·	ORIDA .			
(Use attachment if necessary) ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	te of filing: (OPTIONAL) secific and cannot be more than five business days prior			
REQUIRED SIGNATURE:				
Signature of a member of	an authorized representative of a member.			
of this document constitute that the facts stated here	or printed name of signee			
Filing Fees:				
\$125.00 Filing Fee for Articles of Organiza of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ation and Designation			