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COVER LETTER

			·
TO: Registration S Division of Co		 .	·
SUBJECT:	William Brew (Name of Limite	Stel Painting de Liability Company)	L.L.C.
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.	
Please return all corresp	pondence concerning this matt	er to the following:	
	William ?	S Brewster (Name of Person)	
	Pa;	nting Contract	7[
	1731 N.	Meridian (Address)	
	Tallahass	ee FL . 323 (State and Zip Code)	03 As a
For further information	concerning this matter, please		IAR 12 RETARY AHASSE
William	Brewster	at (<u>850</u>) <u>Z51-</u> (Area Code & Daytime T	3966 平日 呈
	of Person) or the following amount:	(Area Code & Daytime T	elephone Number (17)
_	\$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 Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Li	mited Liability Con	mpany is:			•	
William (Must end with the words	Brewster Limited Liability Comp	Painting pany, "Limited Co	ppany" or their abbre	viation "LLC," or "	L.C.,")	
ARTICLE II - Ad The mailing addres		s of the princi	oal office of the	Limited Liabili	ity Compa	ny is:
Principal Office A	ddress:	<u>M</u>	<u>ailing Address:</u>			
1731 N. M Tallahasse	Meridian Rol e FL 3230	3 =	Same			•
ARTICLE III - Re (The Limited Liability Co business entity with an a The name and the F	Elorida street addresses and the street addres	ss own Registered) ss of the regis Name 1. Meric	tered agent are: LW STEF MIAN Rd (P.O. Box NOT according to the state of the sta	gnak an individual i		FILED

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 Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

The name and addr	ess of each Manager	r or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Manager		Name and Address:
MGRM	- n	William J Brewster 1731 N. Meridian Rd. Tallahassee FL 32303
	-	
	-	
	-	
(Use attachment if		2/12/02
ELE V: Effective da effective date is listed days after the date	e of filing.)	ate of filing: 3/12/07. (OPTIONA specific and cannot be more than five business day
) l W (O7-
Ī	ignature of a member of	or an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury rein are true.)
	William Type	d or printed name of signee
Filing Fees:		P

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)