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(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	δ.			

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COVER LETTER

TO:	Registration Se Division of Co					
SUBJ	ЕСТ: <u>Выг</u>	ne# Exterior Pa (Name of Limit	in ting and Stain is	ng		
The er	closed Articles o	f Organization and fee(s) are	submitted for filing.			
Please	return all corresp	oondence concerning this matt	ter to the following:			
	***************************************	John Walter B.	(Name of Person)			
		Burnett Exter	cior fainting an (Firm/Company)	d Stain	ing	
		331 Pennell	Circle Apt.5 (Address)			
		Tallahassee	FL 32310 ty/State and Zip Code)		SEC	27 <u>Ta</u>
For fu	rther information				LIARY OF	07 HAR 26 PH 12: 37
	John W.	Bunnett c of Person)	at (850) 766 (Area Code & Daytime 1	- 9809 Telephone Numb	LORIDA ber)DA	2: 37
Enclo	sed is a check f	or the following amount:	·			
p \$125	.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	p \$160.00 Certificate Certified (additional of	e of Stati Copy	us &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Burnett Exterior Painting as (Must end with the words "Limited Liability Company, "Dimited	nd Staining LLC Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
331 Pennell Circle Apt. 5 Tallahussee, FL 323/0	331 Pennell Civile Apts Tallahossee, FL 32310
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re-	
Name 331 Pennell C	

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)

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Rachael Alvesta Burnett 331 Rennell Circle Apt 5 MGRM 331 Pennell Circle Apt 5 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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.) John Walter Burnett
Typed or printed name of signee

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

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)