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SECRETARY OF STATE.

## **COVER LETTER**

TO:

TO: Registration Se Division of Cor				
SUBJECT: ANDA	LUSIAN PAINT D			
	(Name of Limite	d Liability Compa	any)	
	f Organization and fee(s) are s		-	
Please return all corresp	ondence concerning this matte	er to the following	i;	
Cynthia L	. Burrier			
		Name of Person)	<del> </del>	
<u> </u>		(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	
1840 Cai	rdamon Dr.			200 SE TALL
		(Address)		APR CRETA AHAS
Trinity, F	L 34655			PR -2 TARY ASSE
	(City	/State and Zip Code	<del>)</del> .	-2 A
For further information	concerning this matter, please	call:		U IO: 19 STATE LORIDA
Cynthia Burrier	r	at ( 727	647-93	
	of Person)		<i>/</i>	elephone Number)
Enclosed is a check for	or the following amount:			
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 F. Certified Cop (additional copy	у	✓ \$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	Registrati Division Clifton E 2661 Exe	ourier Addression Section of Corporation Suilding ecutive Center see, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

ANDALUSIAN PAINT DECOR., LLC  (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")  ARTICLE II - Address:					
Principal Office	Address:	Mailing Address:			
1840 CARDAMOI	N DR	1840 CARDAMON DR			
TRINTIY, FL 346	55	TRINITY, FL 34655			
(The Limited Liability		Registered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another			
(The Limited Liability business entity with a	Company cannot serve as it in active Florida registration	ts own Registered Agent. You must designate an individual or another			
(The Limited Liability business entity with a	Company cannot serve as it in active Florida registration Florida street addre	ss own Registered Agent. You must designate an individual or another  Second Registered Agent. You must designate an individual or another  Second Registered Agent. You must designate an individual or another  Second Registered Agent. You must designate an individual or another  Second Registered Agent. You must designate an individual or another  Second Registered Agent. You must designate an individual or another  Second Registered Agent. You must designate an individual or another  Second Registered Agent. You must designate an individual or another  Second Registered Agent. You must designate an individual or another  Second Registered Agent. You must designate an individual or another  Second Registered Agent. You must designate an individual or another  Second Registered Agent. You must designate an individual or another  Second Registered Agent. You must designate an individual or another  Second Registered Agent. You must designate an individual or another  Second Registered Agent. You must designate an individual or another  Second Registered Agent. You must designate an individual or another  Second Registered Agent. You must designate an individual or another  Second Registered Agent. You must designate an individual or another  Second Registered Agent. You must designate an individual or another  Second Registered Agent. You must designate an individual or another  Second Registered Agent. You must designate an individual or another  Second Registered Agent. You must designate an individual or another agent agent and you must design and you must de			
(The Limited Liability business entity with a	Company cannot serve as it in active Florida registration e Florida street addresidate.  CYNTHIA L. BU  1840 CARDAM	ss own Registered Agent. You must designate an individual or another  Security of the registered agent are:  RRIER  Name			
(The Limited Liability business entity with a	Company cannot serve as it in active Florida registration e Florida street addresidate.  CYNTHIA L. BU  1840 CARDAM	ss own Registered Agent. You must designate an individual or another  SECRETARY  APR - 2 A IO  ION DR			

d 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	CYNTHIA L. BURRIER  1840 CARDAMON DR  TRINITY, FL 34655
MGRM	MICHELLE A. SPAULDING 1746 BOCAWOOD CT TRINITY, FL 34655
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of filing.)	ate of filing: 3/19/7 . (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:  Signature of a member	or an authorized representative of a member.
(In accordance with section of this document constitution)	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

**CYNTHIA L. BURRIER** 

that the facts stated herein are true.)

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

Typed or printed name of signee