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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
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Certified Copies	Certificates	of Status
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Special Instructions to Filing Officer:		





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SECRETARY OF STATE
FALLAHASSEE, FLORID

May 1, 2007

To: Registration Section Division of Corporations

Subject: To become incorporated under Florida Limited Liability Company.

Enclosed is a check for \$160.00. \$125. Filing Fee for Articles of Organization and Designation of Registered Agent. \$30.00 Certified Copy. \$5.00 Certificate of Status.

Please return all correspondence concerning this matter to:

Edwin D. Sarkis Coastal Painting Enterprises 1114 N.E. Van Loon Lane Cape Coral, FL 33909

Daytime telephone number: 239-770-5414.

Z001 APR 30 A II: 56 SECRETARY OF STATE TALLAHASSEE, FI ORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
COASTAL PAINTING	ENTERPRISES CLC
(Must end with the words "Limited Liability Company, "Limited "L.C.,")	d Company" or their abbreviation "LLC," or
ARTICLE II - Address: The mailing address and street address of the pr Liability Company is:	incipal office of the Limited
Principal Office Address:	Mailing Address:
EDWIN D. SARKU	LATE CORAL, FC
ARTICLE III - Registered Agent, Registered Signature: (The Limited Liability Company cannot serve as its own Regist individual or another business entity with an active Florida registration.)	cred Agent. You must designate and
The name and the Florida street address of the r	egistered agent are:
EDWIY D	· SARCISE >
Florida street address (P.O.	COOM GAME
CAPE CORAL City, State	FL 33909 e, and Zip
Having been named as registered agent and to above stated limited liability company at the pla hereby accept the appointment as registered	ace designated in this certificate, I

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	Name and Address:
"MGRM" = Managing Member M 6 2 M	EDWIN D. SARKO 1114 M.E VAN COM CARCONAL, FC 3
	2007 APR 30 SEC!ETARY ALL/HASSEE
ARTICLE V: Effective date, if other than the	(Use attachment if necessary)
(OPTIONAL) (If an effective date is listed, the date must libraries days prior to or 90 days after the date	be specific and cannot be more than five
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.)

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)