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SECRETARY OF STATIONAL TALLAHASSEE, FI OR 1

COVER LETTER

TO:	Registration Se Division of Co				
SUBJE	ect: Ba	ma Painting,	LC		
Sebe			d Liability Company)		•
The end	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please i	return all corresp	ondence concerning this matte	er to the following:		
	\mathcal{L}	mes E. Corley			
•		(Name of Person)		
	\sim	ama Painting			
-		9	Firm/Company)	ASS SE	
	14966	J. Ponderosa Rd	# C	1 JUN CRET AHA	П
-	····		(Address)	ARY SSE	
	Ct lile	ilton Beach AL	22542		M
-	11. 000	(City	/State and Zip Code)	95 f	
			. ,	RIF O	
For furt	her information	concerning this matter, please	call:	P •	
\mathcal{L}	imes & C	orlay	at (<u>850 .)</u> <u>368-4</u> (Area Code & Daytime To	5709	
	(Name	of Person)	(Area Code & Daytime To	elephone Number)	_
Enclos	ed is a check for	or the following amount:			
□\$1 <u>2</u> 5	.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of State Certified Copy (additional copy is en	us &
		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 Limited Liability Company is:

Bama Painting, UC	
(Must end with the words "Limited Liability Company, "Limited Compa	ny" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address: Mail	ng Address:
1496 W. Ponderoso Rd HC 14 17. Walton Booch PC 3254) Ft.	No W. Ponderosa Rd #C. Wallon Boach PC 32547
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Age business entity with an active Florida registration.) The name and the Florida street address of the registered Name 1200 (1055w: 125 125	at. You must designate an individual or another and agent are: ALCRETARY OF THE TARY OF T
Having been named as registered agent and to accept s liability company at the place designated in this cert registered agent and agree to act in this capacity. I furn	ificate, I hereby accept the appointment as

Registered Agent's Signature (REQUIRED)

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.

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGC	James E. Corley 1496 W. Pondebso Rd #C Ct. Wolton Beach Pl 3254
	TALL.
	ARETTARY OF ARSSEL.
	FLIGHTE OO
(Use attachment if necessary)	

REQUIRED SIGNATURE:

Signature of a member of 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)