

Division of Corporations

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Florida Department of State

Division of Corporations

Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EXECUTIVE CORPORATE FILING, INC.
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Phone : (305) 670-3110
Fax Number : (305) 670-2055

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

DONERIGHT CUSTOM PAINTING, L.L.C.

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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EFFECTIVE DATE

1-1-08

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DONERIGHT CUSTOM PAINTING, L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:9801 SW 221 ST
MIAMI, FL 33190**Mailing Address:**9801 SW 221 ST
MIAMI, FL 33190**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

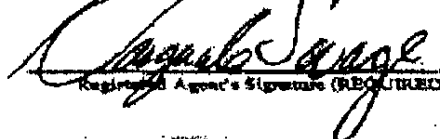
PASQUALE SAVAGE

Name

9801 SW 221 STFlorida street address (P.O. Box NOT acceptable)MIAMIFL 33190

City, State, and Zip

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)

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

PASQUALE SAVAGE

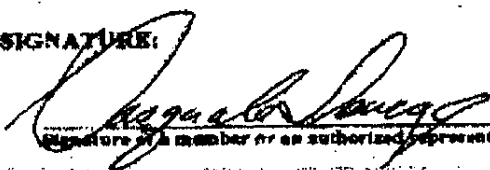
9801 SW 221 ST

MIAMI, FL 33190

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 01, 2008 (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.)

PASQUALE SAVAGE

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)

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