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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECHETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

Registration Section

| Division of Corporations | | |
|---|--|-----|
| SUBJECT: Mike's Painting and Pr | | |
| (Name of Limite | ed Liability Company) | |
| The enclosed Articles of Organization and fee(s) are s | submitted for filing. | |
| Please return all correspondence concerning this matter | ter to the following: | |
| Howard M.Schindler | · | |
| (| (Name of Person) | |
| Mike's Painting and Press | sure Wäshing.اكيناكا | |
| | (Firm/Company). | |
| 3732 MOODY AVE. | | |
| | (Address) | • |
| ORANGE PARK FLORID | A 32065 Ty/State and Zip Code) e call: at (904) 626 2652 (Area Code & Daytime Telephone Number) | |
| | ty/State and Zip Code) | 77. |
| | 122 PAGE 1 | 屈 |
| For further information concerning this matter, please | e call: | |
| MIKE SCHINDLER | at 904 <u>626 2652</u> දියු දී | - |
| (Name of Person) | (Area Code & Daytime Telephone Number) | ഗ |
| Enclosed is a check for the following amount: | | ` |
| \$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$ | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 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 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |
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| RACE GONNOTER | Som Eventual and the service a | |
| in the state of the processors and analysis of the second sectors. | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I'- Name: | |
|--|---|
| The name of the Limited Liability Company is: | |
| Mike's Painting and Pressure W '(Must end with the words "Limited Liability | |
| ARTICLE II - Address: | |
| The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 3732 Moody Ave. Orange Park, Florida 32065 | 3732 Moody Ave. Orange Park, Florida 3201 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration. | ered Agent. You must designate an individual or another |
| Howard M. Schindl | 3 2 |
| Name | |
| 3732 Moody ave. | |
| Florida street add | ress (P.O. Box NOT acceptable) |
| Orange Park, Florid | da, 32065 |

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Me | Name and Address: ber |
|--|---|
| "MGR" | HOWARD M. SCHINDLER |
| | 3732 MOODY AVE. |
| • | ORANGE PARK, FLORIDA.32065 |
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| | NSSEE. |
| (Use attachment if necessa | than the date of filing: (OPTIONAL) |
| CLE V: Effective date, if oth frective date is listed, the date | than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior |
| LE V: Effective date, if oth frective date is listed, the date of filing days after the date of filing. | than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior |
| LE V: Effective date, if oth ffective date is listed, the date days after the date of filin REQUIRED SIGNATUR | than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior |
| CLE V: Effective date, if oth ffective date is listed, the date of filing the date of this does that the | than the date of filing: |
| CLE V: Effective date, if oth ffective date is listed, the date of filing the date of this does that the | than the date of filing: |