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| | (Requestor's Name) | |
|-----------------------------------------|--------------------------|--|
| (| (Address) | |
| (| (Address) | |
| (| (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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DEPARTION OF CORPORATION TALLEHASSEE, FLORIDA

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SECRETARY OF STATION ON AN ASSFE, FLORIC

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COVER LETTER

| TO: Registration Section Division of Corporations |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: ARTHAUS CUSTOM PAINTING (Name of Limited Liability Company) |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Donald Griesheimer JR. (Name of Person) |
| Arthaus Custon Painting (Firm/Company) |
| 1797 Folkstone Road |
| Tallahassee, Florida 32312 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Donald Gries Leimer at (850) 591-0015 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & }\times \text{\$155.00 Filing Fee & }\times \text{\$160.00 Filing Fee, }\text{\$Certificate of Status & }\text{\$Certified Copy & Certificate of Status & }\$Certified Copy & Certified Copy |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| ARTHAUS CUSTOM PA | INTING LLC |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| (Must end with the words "Limited Liabili | ity Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pr | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1797 Folkstone Road Tallahassee FL. 32312 | 1797 FOIKStone Rd. Tallahassee, FL 32312 |
| 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 result of the Polymore Name 1797 Folkston Florida street address of the result of the Polymore Name 1797 Folkston City, State, as | egistered agent are: Sheimer SSheimer Res (P.O. Box NOT acceptable) |

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 (REO) (RED)

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 MGRM | Name and Address: | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--|
| | Donald Griesheimer Ir 1797 Folkstone Rd. Tall. FL 32312 | |
| | | |
| | | |
| | | |
| (Use attachment if necessary) | | |
| ARTICLE V: Effective date, if other than the date of filing: (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 membe | r 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)