L08000087773

(Re	questor's Name)	
(Ad	dress)	
hA)	dress)	
(/ 100	41000)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
`	,	•
(D-		
(Do	cument Number)	•
Certified Copies	_ Certificates	of Status
		
Special Instructions to Filing Officer:		
]

Office Use Only



200135520782

09/15/08--01023--002 **125.00

SECKLIKK) OF STATE
TALLAHASSEE, FLORIDA

2000 SEP 15 PM 1:

col916

Kelly Collins, Paralegal 2407 Aspen Way Boynton Beach, FL 33436 (561) 732-2535

September 11, 2008

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Ricky Lynn Sizemore

Hoosier Painter, L.L.C.

Dear Sir or Madam:

Enclosed herein is the original and one copy of the following:

- 1. Articles of Organization for Florida Limited Liability Company
 - A. the name of which is HOOSIER PAINTER, L.L.C.
 - B. The registered agent/manager/member is RICKY LYNN SIZEMORE
 - C. The address is 3625 Diane Drive, Boynton Beach, FL 33435
- 2. Money Order in the amount of \$125.00 as payment of the filing fees for the limited liability company.

Please file the original Articles and date stamp and return the copy evidencing the establishment of the limited liability company, HOOSIER PAINTER, L.L.C. A self-addressed stamped envelope is enclosed for your convenience.

If you have any questions or need anything further, please contact me at the above address.

Sincerely,

Kelly Gollins, Paralegal

/kc

cc: Ricky Lynn Sizemore

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY, COMPANY TALLAHASSÉE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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: Mailing Address:

ARTICLE III - Registered Agent, Registered Uttice, & 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 Plorida street address of the registered agent are:

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

FILED

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

The name and address of each Manager or Managing Member is as follows III SEP 15 PM 1: 24

"MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE
MGR -	Ricky Bynn. 3625 Diane I Boynton Bch.	SIZEMOVE JR. , FL 33435
(Use attachment if necessary)		
FICLE V: Effective date, if other than the can effective date is listed, the date must be r 90 days after the date of filing.)		. (OPTIONAL) an five business days prior
<u>REQUIRED</u> 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.)

Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 500 Certificate of Status (Ontional)