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. "	(Re	questor's Name)	
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PIC	K-UP	☐ WAIT	MAIL
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	(Do	cument Number)	
Certified Copies		Certificates	of Status

Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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SECRETATIVE SECRETARION

COVER LETTER

TO:	Registration S Division of Co			
SUBJI	ЕСТ: <u>///</u>	ATERIALS, E	ETC LLC d Liability Company)	
The en	closed Articles o	of Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
	/	PACIC BAVA	RO	
		(1	Name of Person)	
	M	HTRKIALS, E	Firm/Company)	
	<i>.</i>	0. Box 8	3664	
	_		(Address) H FL 33 /State and Zip Code)	
	MA	DEIRA BENC	H, FL 33	3738
		(City,	/State and Zip Code)	
For fur	ther information	concerning this matter, please	call:	
	\mathcal{D}_{4} .	Bullen	ממר אמר	- 907-
	AUL (Name	c of Person)	at (727) 395 (Area Code & Daytime Te	elephone Number)
		or the following amount:	_	_
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
MATERIACS ETC LCC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")			
(Must end with the words "Limited Liability Company, "Limited Company" 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			

17980 GULF BLVD UNITSOS REDINGTON SHOKES, FL	P.O. BOX 8664
REDINGTON SHOKESOFL	MADEIRA BRHCH, FC
73 708	33738

Mailing Address:

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:

ARTICLE I - Name:

Principal Office Address:

FLORIDA COASTAL COLORS, LLC
Name

Z412 WOODFIELD CIRCLE

Florida street address (P.O. Box NOT acceptable)

WEST MELBOUNE FL 32904

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) Page 1 of 2 PILED
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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:

MGR" = Manager MGRM" = Managing Member	2 42
MGR	PAUL BAVARO 17980 GULF BLVD, UNIT30S REDINGTON, SHOKES FL 33708
 _	
Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: JAHULEY 1, 7009. (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.)

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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