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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATEMENT OF STATEMEN

D. BRUCE

DEC - 3 2008

EXAMINER

COVER LETTER

TO: Registration Division of C			
subject:-We	Name of Limited	Liability Company)	
The enclosed Articles	of Organization and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
_ We	ndell Rosi	er ame of Person)	
_ Wen	dell Rosier	•	
<u>5</u> †	P.O. Box	20103	
Tallo	chassee, 1	(Address) -L 32316	OEC -3
For further information	(City/Si	ate and Zip Code)	AH ID: 09
(Nam	e of Person)	(Area Code & Daytime Telepho	one Number)
· ,	5. d. 6.11		
-	or the following amount: \$\sumsymbol{\subsymbol{\sin\symbol{\subsymbol{\sun\sin\symbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{	Certified Copy C (additional copy is enclosed) C	60.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wendell Rosier	Painting LLC.
(Must end with the words "Limited Liab ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
513 Dunn st. Tallahassee, FL 3230	4 Tallahassee, FL 323/6
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another
Name 513 Dun Florida street ad	7 5 5

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)

<u> Title:</u>		<u>Name-and-Address:</u>		
"MGR" = Manager				
"MGRM" = Manag	ing Member	Wendell		
MGRM		1.244	Docious	
MORIT	-	trejator	Rosier	
		513 Duni	Rosier 1 St see, FL	スコ
		IANANAS	SEE PC	<u></u>
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Use attachment if r	necessary)			•
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ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)