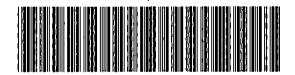
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|-------------------------|-------------------|-----------|
| (Re                     | questor's Name)   |           |
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|                         | 2.1               |           |
| PICK-UP                 | X WAIT            | MAIL      |
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|                         |                   |           |
| (Bu                     | siness Entity Nam | e)        |
|                         |                   |           |
| (Do                     | cument Number)    |           |
|                         |                   |           |
| Certified Copies        | Certificates      | of Status |
|                         | _                 |           |
|                         |                   |           |
| Special Instructions to | Filing Officer:   |           |
| ·                       |                   |           |
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DEPAIR THE PLANTE OF A TIONS TALL A HASSEE FLORIDA

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SECRETARY OF STATI

Office Use Only

M. THOMAS
JAN 1 2 2009
EXAMINER

109A-919

## **COVER LETTER**

| TO: Registration S  Division of Co |   |   |  |
|------------------------------------|---|---|--|
| suвјест: Д5 рН                     | on's Custom Po<br>(Name of Lim  | ited Liability Company)   | <del> </del>   |
| The enclosed Articles o            | f Organization and fee(s) are   | e submitted for filing.   |  |
| Please return all corresp          | ondence concerning this ma  | tter to the following:  |  |
| Ashten                             | Smith   | (Name of Person)  |  |
| Ashton's                           | S Custon Pa   | (Firm/Company)  |  |
| 9517 (                             | 3 Rad HAM R.D.  |   | TALE SE  |
| •                                  |   | (Address)   | AHH  |
| TallaHA                            | 55ee Fl. 32   | 305   | S 2 2  |
|                                    | concerning this matter, pleas   |   | M 9: 53<br>EE, FLORIG  |
| Monton Sm                          | of Person)  | at ( <b>§ 50</b> ) <b>3.84-8</b> (Area Code & Daytime Tele  | phone Number)  |
|                                    | r the following amount:   |   |  |
| 125.00 Filing Fee                  | \$130.00 Filing Fee &<br>Certificate of Status  | S155.00 Filing Fee & Certified Copy (additional copy is enclosed)   | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Callahassee, FL 32301 |  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| Ashten's Custom Painting (Must end with the words "Limited Piabi  |  |
|---|--|
| ARTICLE II - Address:   | rincipal office of the Limited Lia   |
| Principal Office Address:   | Mailing Address:   |
| 9517 Bradflam R.D.<br>Talla Hassee Fl. 32305  | 7517 BRadlam R. 18 3 5 TO TAILAMASSEE FL SLIFF &   |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) | tered Agent. You must designate an individual or another   |
| The name and the Florida street address of the r  Ashton Snittle  Name  |  |
| 9517 BRN Ham<br>Florida street add  | R.D.  dress (P.O. Box <u>NOT</u> acceptable)   |
| TallaHassee<br>City, State, 2   | FL 7 2 3 0 5<br>and Zip  |
| liability company at the place designated in t<br>registered agent and agree to act in this capacity  | accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all reformance 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..

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member   | Name and Address:   |
|--|---|
| MGRM   | Ashton Smith<br>9517 Brad Ham RiD.  |
| mg rn  | Deedy Smith<br>9517 Brad Ham R.D.   |
|  | Talla Hassec F1. 73 205   |
|  | AN 12<br>AHASSE   |
|  | E S S S S S S S S S S S S S S S S S S S   |
| (Use attachment if necessary)  | Service Services  |
| LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE: | he date of filing: 1-12-09 . (OPTION be specific and cannot be more than five business of |
|  |   |
| Signature of a mem   | ber or an authorized representative of a member.  |

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)

Typed or printed name of signee