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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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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJECT: Grumpy Old Painters, LLC.				
(Name of Limited Liability Company)				
The en	nclosed Articles of Organization and fee(s) as	re submitted for filing.		
Please return all correspondence concerning this matter to the following:				
	John R. Mears	•		
		(Name of Person)		
	Grumpy Old Painters, LLC			
		(Firm/Company)		
	208A 9th Street North			
		(Address)		
Jacksonville Beach, Florida 32250				
	(0	City/State and Zip Code)		
For fu	rther information concerning this matter, plea	ise call:		
Johr	n R. Mears	at (904) 608-7733		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclos	sed is a check for the following amount:			
\$125 .	.00 Filing Fee \$\times\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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 Corporations Clifton Building 2661 Executive Center Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Grumpy Old Painters, LLC.	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
208A 9th Street North	208A 9th Street North
Jacksonville Beach, Florida 32250	Jacksonville Beach, Florida 32250
The name and the Florida street address of the re John R. Mears Name	
208A 9th Street North	
	ress (P.O. Box NOT acceptable)
Jacksonville Beach, City, State, as	11.
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
John RM	rears
Registered Agent's Signatu	re (REQUIRED)

(CONTINUED)
Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	John R Mears
	208A 9th Street North
	Jacksonville Beach, Fl 32250
,	-

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 23, 2009. (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.)

John R. Mears

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)

09 FEB 25 AM 8: 34