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| (Requestor's Name) | |
|---|---------------------------------------|
| (requestors rame) | - |
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | - |
| PICK-UP WAIT | IAIL |
| | · · · · · · · · · · · · · · · · · · · |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies | |
| Special Instructions to Filing Officer: | |

A. LUNT

OCT 22 2009

EXAMINER

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:

| TO: | Registration Division of C | Section Corporations | | | | |
|----------------|-------------------------------|---|-------------|--|--|---|
| SUBJ | ect: <u>J</u> E | FF WILSON PAINT Name of Limit | | | | LITY COMPANY |
| The er | closed Articles | of Organization and fee(s) are | submitt | ed for fil | ing. | |
| Please | return all corre | spondence concerning this mat | ter to th | e followi | ng: | |
| | | J | | VILSOI of Person | N | |
| | | JEFF WILSON PAINTI | | | LIABILITY | COMPANY |
| | | | Firm/C | Company | | |
| | | 1581 | | A LAKE | CIR | ······································ |
| | | | Ad | dress | | |
| | | MELBOUR | | / | | ļ. |
| | | | _ | and Zip Co | .IVE.COM | |
| | | E-mail address: (to be used | for futur | e annual re | port notification | on) |
| For fu | ther informatio | n concerning this matter, pleas | e cail: | | | |
| | | F WILSON | _ at (| 321 | _) | 604-2684 |
| | Nam | ne of Person | | Area Co | de & Daytime | Telephone Number |
| Enclo | sed is a check | for the following amount: | | | | |
|] \$125 | 00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | Ce | rtified C | ing Fee & Copy opy is enclosed | \$160.00 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 | | Registr Division Clifton 2661 E | Courier Adda ation Section on of Corporal Building xecutive Centussee, FL 3230 | ter Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JEFF WILSON PAINTING LIMITED LIABILITY COMPANY

(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: |
|--|---|
| 1581 VISTA LAKE CIR MELBOURNE , FLORIDA 32904 | MELBOURNE, FLORIDA 32904 |
| (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address | istered Office, & Registered Agent's Signature: |
| | Name |
| 1581 V | ISTA LAKE CIR |
| Florida street addre | ss (P.O. Box <u>NOT</u> acceptable) |
| MELBOURN | E _{FL} |
| 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

| ARTICLE IV- Manager(s) or Managing Member | S |) | |
|---|---|---|--|
|---|---|---|--|

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

| | iger inaging Member | Name and Address: |
|--|--|--|
| MANAGER | | JEFF WILSON 1581 VISTA LAKE CIR MELBOURNE , FLORIDA 32904 2000 0000 0000 0000 0000 0000 0000 |
| | | |
| effective date is li O days after the d | e date, if other than the sted, the date must b late of filing.) | e date of filing: (OPTIONA be specific and cannot be more than five business day |
| REQUIRED SI | 4/ | Wilson er or an authorized representative of a member. |
| | (In accordance with se | ection 608.408(3), Florida Statutes, the execution |
| | that the facts stated he | stitutes an affirmation under the penalties of perjury erein are true.) |

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