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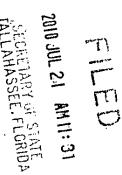
| (Req | uestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificate | s of Status |
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| Special Instructions to F | iling Officer: | |
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Office Use Only



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JUL 2.2 2010 EXAMINER

COVER LETTER

| TO: | Registration S Division of Co | | | • | • • • | |
|------------------|---|---|---|--|--|---|
| SUBJE | CT: Florida | Creative Coatings, LLC | C ed Liability Com | nnanv | | |
| | | Name of Links | ed Liability Con | ірапу | | |
| The end | closed Articles o | f Organization and fee(s) are | submitted for fil | ing. | | |
| Please | return all corresp | ondence concerning this matt | ter to the followi | ng: | | |
| | Teresa Franc | is | | | | |
| • | | | Name of Person | | | |
| | Florida Creat | ve Coatings, LLC | | | | |
| | | | Firm/Company | | | |
| | 101 Homepor | t | | | | |
| • | | | Address | | | |
| | Palm Harbor | FL 34683 | | | | |
| • | | | y/State and Zip Co | ode | | _ |
| 1 | trs_fran@yah | oo.com | | | | |
| _ | | E-mail address: (to be used t | for future annual re | eport notification | n) | |
| For furt | her information | concerning this matter, please | e cali: | | | |
| Teres | a Francis | | at (727 | ₎ 512-541 | 10 | |
| | Name of Person Area Code & Daytime Telephone Number | | l'elephone Number | | | |
| Enclos | ed is a check for | or the following amount: | | | | |
| ☑ \$125.0 | 00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | S155.00 Fill Certified C (additional co | _ | □ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registr Divisio Clifton 2661 E | Courier Address ation Section on of Corporati a Building executive Center assee, FL 3230 | ions er Circle | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Florida Creative Coatings, LLC | Liability Company, "L.L.C.," or "LLC.") |
|---|--|
| (Must end with the words Emitted | Elability Company, E.E.C., W. Elec. 7 |
| ARTICLE II - Address: | |
| The mailing address and street address of the | he principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 101 Homeport | 101 Homeport |
| Palm Harbor FL 34683 | Palm Harbor FL 34683 |
| ADTICLE III Degistered Agent Degist | and Office & Desistand Agent's Signature. |
| | rered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another |
| The name and the Florida street address of | the registered agent are: TALLAHASS Tame |
| Teresa Francis | |
| N | JUL 21 AM |
| 101 Homeport | The Park of the Pa |
| Florida stree | et address (P.O. Box NOT acceptable) |
| Palm Harbor | FL 34683 89 99 99 |
| | y, State, and Zip |
| Cit | |
| Having been named as registered agent and liability company at the place designated | d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as |
| Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap | |

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

| ARTI | CLE IV- I | Manager(s) or Managii | ng Member(s): or Managing Member is as follows | s:201 0 JUL 24 | AM 17: 31 |
|-----------------------|--------------|--------------------------|---|--------------------------|-----------------------|
| <u>Title:</u> "MGR | " = Manag | | Name and Address: | "SECRLTARY TALLAHASSE | OF STATE E.FLORIDA |
| MGR | | | Teresa Francis | | |
| | | | 101 Homeport | | |
| | | | Palm Harbor FL 34683 | | |
| MGRM | | | John Francis | | |
| | | | 101 Homeport | | |
| | | | Palm Harbor FL 34683 | | |
| | | | Taliff Raibor LE O-TOOS | | |
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| (Use a | ltachment | if necessary) | | | |
| | | • / | car luiv 10, 2010 | (OPTION) | |
| | | | e of filing: July 19, 2010 | | |
| | | | ecific and cannot be more than fi | we dusiness da | ys prior |
| to or 90 days a | iter the da | ite of filing.) | | | |
| | | | | | |
| REOU | IRED SIG | GNATURE. | | | |
| | | Im | Fenics | | |
| | | Signature of a member or | an authorized representative of a mer | nber. | |
| | | | 608.408(3), Florida Statutes, the execut s an affirmation under the penalties of peare true.) | | |
| | | Teresa Francis | | | |
| | | Typed o | 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)