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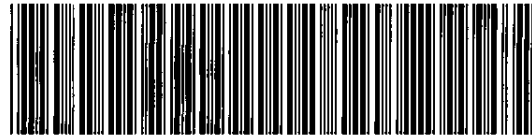
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S. HAWKES

SEP 28 2010

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Liv'in Color Painting Limited Liability Company**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ralph R. Smith

Name of Person

Liv'in Color Painting, LLC

Firm/Company

2019 Twin Oaks Drive

Address

Panama City Beach, FL 32408

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ralph R. Smith

Name of Person

at ( 850 ) 625-5478

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy 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

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# Articles of Organization of

Liv'in Color Painting, Limited Liability Company

The undersigned person, acting as organizer for the purpose of forming a business limited liability company under the laws of the State of Florida, adopts the following Articles of Organization:

**Article 1.** The name of the limited liability company is:

Liv'in Color Painting, Limited Liability Company

**Article 2.** The purpose for which this limited liability company is organized is to transact any and all lawful business for which limited liability companies may be organized under the laws of the State of Florida, and to have all powers that are afforded to limited liability companies under the laws of the State of Florida.

**Article 3.** The duration of this limited liability company shall be perpetual.

**Article 4.** The total number of initial members of this company is three (3) and their names and addresses are as follows:

Ralph R. Smith  
2019 Twin Oaks Drive  
Panama City Beach, FL 32408

Virginia L. Smith  
2019 Twin Oaks Drive  
Panama City Beach, FL 32408

[REDACTED]  
[REDACTED]  
[REDACTED]

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**Article 5.** The initial registered agent of this limited liability company is:

Ralph R. Smith

**Article 6.** The initial address of the office of the registered agent of this limited liability company is: And Principal address:

2019 Twin Oaks Drive  
Panama City Beach, FL 32408

**Article 7.** The total amount of initial capitalization of this limited liability company is:

\$ 300.00

**Article 8.** This company will be managed by the following persons whose names and addresses are as follows:

Ralph R. Smith  
2019 Twin Oaks Drive  
Panama City Beach, FL 32408

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**Article 9.** The company reserves the right to admit new members at any time.

**Article 10.** The company reserves the right to continue, without dissolution, under the terms as set forth in the company Operating Agreement, upon any act that might otherwise cause the dissolution of the company or the dissociation of a member under the laws of the State of Florida.

**Article 11.** The Standard Industrial Code for the company is construction.

**Article 12.** The Federal Employer Identification Number of the company is

423-88-4893.

**Article 13.** This limited liability company adopts the following additional articles:

I certify that all of the facts stated in these Articles of Organization are true and correct and are made for the purpose of forming a business limited liability company under the laws of the State of Florida.

Dated: September 22, , 20 10

Ralph R. Smith - Ralph R. Smith  
Signature of Organizer

Ralph R. Smith  
Printed Name of Organizer

State of Florida  
County of Bay

Before me, on September 23 , 20 10 , personally appeared Ralph Smith , named as the organizer, who is known to me to be the person who subscribed his or her name to this document, and acknowledged that he or she did so for the purposes stated.

Jane C. Heide  
Signature of Notary Public

Notary Public, In and for the County of Bay  
State of Florida



My commission expires: June 11 , 20 13

Notary Seal

I acknowledge my appointment as registered agent of this limited liability company and accept the appointment.

Dated: 9-23- , 20 10

Ralph R. Smith  
Signature of Registered Agent

Ralph R. Smith  
Printed Name of Registered Agent

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Ralph R. Smith

2019 Twin Oaks Dr.

Panama City Beach, FL 32408

MGRM

Virginia L. Smith

2019 Twin Oaks Dr.

Panama City Beach, FL 32408

~~REDACTED~~

~~REDACTED~~

~~REDACTED~~

~~REDACTED~~

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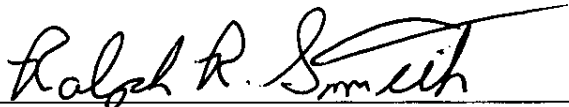
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**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(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.)

Ralph R. Smith

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)**