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COVER LETTER

TO:	Registration S Division of Co			•
SUŔJ	ECT: Oceans	ide Painting & Restora Name of Limi	ation, LLC. ted Liability Company	
The er	nclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please	return all corresp	oondence concerning this mat	tter to the following:	
	David J. Tret	hric	Name of Person	
	Oceanside F	Painting & Restoration	, LLC.	
			Firm/Company	
	131 SE Bon	ita Court		
			Address	
1	Port Saint Lu	cie, FL 34983	ty/State and Zip Code	
	davidtrethric	@yahoo.com	tyrotate and Zip Code	
		E-mail address: (to be used	for future annual report notification)	
For fu	ther information	concerning this matter, pleas	e call:	
David	J. Trethric		_ _{at (} 772 ₎ _201-1650	
	Name	of Person	Area Code & Daytime Telep	ohone Number
Enclos	sed is a check fo	or 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		EFFECTIVE DATE
The name of the Limited Liability Compan	y is:	9/03/2011E
Oceanside Painting & Restoration, LLC		
	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	he principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
131 SE Bonita Court	131 SE Bonita Court	
Port Saint Lucie, FL 34983	Port Saint Lucie, FL 34983	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		
The name and the Florida street address of	the registered agent are:	Zá 3
David J. Trethric		E CORRECTION OF THE PERSON OF
N	lame	30
131 SE Bonita Court		60 EB
Florida stree	et address (P.O. Box NOT acceptable)	ANII: 51
Port Saint Lucie	FL34983	3 5 5
Cit	y, 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)

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

17

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	David J. Trethric 131 SE Bonita Court Port Saint Lucie, FL 34983	
(Use attachment if necessary)		
	e date of filing: <u>January 3, 2011</u> . (OPTION be specific and cannot be more than five business d	

<u>REQUIRED</u> 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

DAVID J. TRETHRIC

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)