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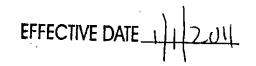
EXAMINER

COVER LETTER

	gistration Section vision of Corporations		'
SUBJECT	MTM Painting & Desig	ın, LLC.	H
SOLUCI		ted Liability Company	
The enclose	ed Articles of Organization and fee(s) are	submitted for filing.	._
Please retur	n all correspondence concerning this ma	tter to the following:	EFFECTIVE DATE 1/1/2
<u>Mi</u>	chael J McElroy		
		Name of Person	
<u>M</u>	TM Painting & Design, I	LLC.	
		Firm/Company	
77	715 SW 82nd St		
		Address	
Oc	ala, Fl 34476		
		ity/State and Zip Code	
Mc	ElroyBusiness4@aol.com		
	E-mail address: (to be used	for future annual report not	ification)
For further	information concerning this matter, pleas	se call:	
Yvonne	McElroy	at (352) 42	7-3198
	Name of Person		ytime Telephone Number
Enclosed i	s a check for the following amount:		
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fe Certified Copy (additional copy is en	Certificate of Status &
	Mailing Address	Street/Courie	Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MTM Painting & Design, LLC.

(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:	
7715 SW 82nd St	7715 SW 82nd St	
Ocala, Fl 34476	Ocala, Fl 34476	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Yvonne	McElroy
	Name
7715 9	SW 82nd St
	Florida street address (P.O. Box NOT acceptable)
Ocala	_{FL} 34476
	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..

/s/ YVONNE MCELROY	
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:

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guez
. (OPTIONAL) e more than five business days
entative of a member.
entative of a member. e execution of this document t the facts stated herein are true. nent to the Department of State 55, F.S.)
-

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)