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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Painter's Touch Systems, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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H11000037955 3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

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DIVISION OF CORPORATIONS

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ARTICLE I NAME

The name of the Limited Liability Company is:

PAINTER'S TOUCH SYSTEMS, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

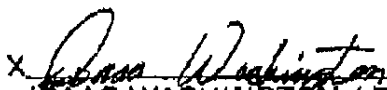
1127 N CHAMBERLAIN BLVD
NORTH PORT, FLORIDA 34286-6808

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

ISAAC WASHINGTON
1127 N CHAMBERLAIN BLVD
NORTH PORT, FLORIDA 34286-6808

Having been named as registered agent 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.

x 

ISAAC WASHINGTON / Registered Agent's signature

H11000037955 3

H11000037955 3

PAGE 2 PAINTER'S TOUCH SYSTEMS, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

ISAAC WASHINGTON

1127 N CHAMBERLAIN BLVD

NORTH PORT, FLORIDA 34286-6808

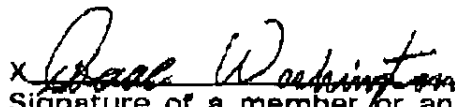
MANAGING MEMBER

DANNY DILLARD

3589 MOUNT CLAIR CIRCLE

NORTH PORT, FLORIDA 34282

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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.

ISAAC WASHINGTON

H11000037955 3