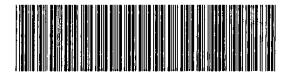
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Certified Copies	_ Certificates	of Status
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SECRETARY OF SIAIE DEVISION OF CORPORATION

B. KOHR

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Robert Farr Painting "LLC" 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:
Robert Farr Painting LLC 1/3
515 New Castle Drive
Fort Walton Beach, FL 32547
FAAT — CAT Q VAhoo Com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call: Color
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status & Certified Copy (additional copy is enclosed)} \text{\$\frac{1}{2}\$\$}\$\$ \$\$160.00 Filing Fee, \$\$\$ \$\$Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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: Pobert FARR Painting LLC (Must end with the words "Limited Liability Company, "L.LC.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 515 Newcastlepr Fort Walton Beack A. 32547 Mailing Address: 515 Newcastle Dr Fort Walton Beach FL 32547
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: Pobert Farr Name S15 New Castle Drive Florida street address (P.O. Box NOT acceptable) Fort Walton Bedger 32547 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 Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member $\frac{GR}{R}$	Rober Farr 515 Newcastle Drive Fort Walton Beach Fi 3254
(Use attachment if necessary)	
	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Labu Signature of a mem	ther or an authorized representative of a member.
constitutes an affirmation und I am aware that any false info constitutes a third degree felo	08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) 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)