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	(Requestor's Name)		
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	(City/State/Zip/Phone #)		
	✓ _		
PICK-UI	MAIL MAIL		
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions	s to Filing Officer		
	A. LUNT		
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: De	Name of Limited Lie	Fin Painting	y L.L.C.
The enclosed Articles o	f Organization and fee(s) are subm	itted for filing.	
•	ondence concerning this matter to	·	
BORA	IRAL RUFFIN	(
Bern	and Ruffin P	Ainting 1/Company	
3513	Synny Sile Dr		~~ 1
	hassoe Fla 323		SECRE!
	, City/Stat	e and Zip Code	(S) 10
**************************************	E-mail address: (to be used for fut	ture annual report notification)	<u> </u>
For further information	concerning this matter, please call	:	ARIB
Bernard T Name	of Person at (Area Code & Daytime Telepho	36
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	1160.00 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 Circ Tallahassee, FL 32301	:le

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

3513 Synnyside Dr	35/3 Sunnysde Or Tallahassee FL 32305	
Tollahasone Flor 32305	Tallahassee FL	32305
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ADTICLE III Desistent Ament Desisten	ad Office P. Dogistanad Ag	ontic Cianat

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:

| Polytham | Po

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): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) 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. 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.)

Bernard Ruffinl
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)