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C. LEWIS

NOV 2 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fisher Painting, LCC 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:
FReddin Fisher
Name of Person
Firm/Company
2404 toyllic Court Address Tallahassee Fla 32303
Address
Tallabassee Ala 32303
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
. at (
Name of Person at () Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & \$160.00 Filing Fee, 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
(Must end with the words "Limited Liability	Service Service	<u>e</u>
(Must end with the words Emitted Endomin	ly company, E.E.C., or EEC.	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Lial	bility Company is:
Principal Office Address:	Mailing Address:	
7404 t DUCL, Cf Tallahassee FL, 32303	Same	
Name	egistered agent are:	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered Agent's Signature.	his certificate, I hereby accept the p. I further agree to comply with a reformance of my duties, and I am stered agent as provided for in Charles	e appointment as the provisions of al familiar with and

(CONTINUED)

ARTICLE IV- Manager(s) or Man The name and address of each Manager		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STAT
m 4 Ron	FREddie F 7404 704 Tall Flag	LLIC CK 32303
		,
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must b to or 90 days after the date of filing.)	e date of filing:ee specific and cannot be more th	(OPTIONAL) an five business days prior
. REQUIRED SIGNATURE:		
Signature of a member	er 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.)

FREddie Fisher

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)