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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: JJ	M's Paintinu Ll	1.6	
SUBJECT:	Name of Limited	Liability Company	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Joshua J. Midd	Notac Name of Person	
****	· JJM's pul		
7.6.9	son 427 Lazarts	Village FL. 323)	3
	and Village F	L. 3333 State and Zip Code	
·	E-mail address: (to be used for	future annual report notification)	
For further information c	oncerning this matter, please of	eall:	
Josh, M Name o	Person	at ( <u>\$50</u> ) <u>519 - 25</u> Area Code & Daytime Telep	ohone Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee &. Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 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 C 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 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:
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:
Name  Name  VIII Florida street address (P.O. Box NOT acceptable)  Lagury Vilya FL 32323  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

Registered Agent's Signature (REQUIRED)

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..

Page 1 of 2

(CONTINUED)

<u>Title:</u> "MGR" = Ma "MGRM" = N	inager Managing Member	Name and Address:
<u>M.G.R.</u>	<u></u>	Joshun J Middleon 44-0 Connellen AV 10 Box 427 Lunuch villyaFL 323
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CLE V: Effect	ent if necessary)  ive date, if other than the  s listed, the date must b  ne date of filing.)	e date of filing: (OPTIONA be specific and cannot be more than five business da
CLE V: Effect ffective date i days after th	ive date, if other than the s listed, the date must b	e specific and cannot be more than five business da
CLE V: Effect ffective date i days after th	ive date, if other than the s listed, the date must be date of filing.)  SIGNATURE:	er or an authorized representative of a member.
CLE V: Effect ffective date i days after th  REQUIRED  (In	sive date, if other than the s listed, the date must be dete of filing.)  SIGNATURE:  Signature of a member accordance with section 60 enstitutes an affirmation under maware that any false information was a signature of a member accordance.	e specific and cannot be more than five business da
LE V: Effect ffective date it days after th REQUIRED	SIGNATURE:  Signature of a memb  accordance with section 60  constitutes an affirmation under  macro dance and any false infor-  constitutes a third degree felor	er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document, or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State