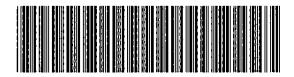
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uestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certificates	of Status		
Special Instructions to Filing Officer:			
	}		
	ess) State/Zip/Phone WAIT mess Entity Nar ment Number) Certificates		

Office Use Only



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GFECTIVE DATE
6-18-2012

DEPARTMENT OF STATE

TE JUN 19 PM 2: 35

K.SALY EXAMINER JUN 19 2012

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Painting and Co	nstruction 11	<u>c</u>
The enclosed Articles of C	Organization and fee(s) are sub	bmitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
ha	cry Law Cox	ame of Person	
Cext	Painting and C	anstruction L	LC
837	Akridge Rd	Address	
Ochloc	Knee GA	31773 State and Zip Code	
Coxpainting and Constitution a whom com E-mail address: (to be used for future annual report notification)			
For further information co	oncerning this matter, please c		
Larry Cox Name of	Person	at (<u>229</u>) <u>224</u> - Area Code & Daytime Telep	8279_ hone 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	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s: EFFECTIVE DATE
Cox Painting and Con (Must end with the words "Limited Liab	struction L.L.C
ARTICLE II - Address: The mailing address and street address of the part of th	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
837 Akridge Rd Ochlocknec 8-A 31773	P.O. Box 5903 Thomsville GA 31758
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
Perry FL	e registered agent are: A POR LANCE address (P.O. Box NOT acceptable) FL 32348 State, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S
Registered Agent's Sign	enature (REQUIRED)

(CONTINUED)

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

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

<u>Citle:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
morm -	Larry Cox 837 Akridge Rd Ochlocknee DA 71773
Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: 5-2012. (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.)

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)