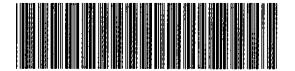
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(Requestor's Name) (Address)				
/Add-coox				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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Effective Date 8/1/12

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SECRETARY OF STATE
SECRETARY OF

'AUG '9 2012' T. HAMPTON

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: MICHAEL POTTER P	AINTING LLC
Name of Lim	ited Liability Company
The enclosed Articles of Organization and fee(s) are	
Please return all correspondence concerning this ma	tter to the following:
MICHAEL L POTTER	
	Name of Person
	Firm/Company
241 NW 136th TERRACE	
	Address
OCALA FL 34482	
C	ty/State and Zip Code
michaelpotterpainting@yahoo.d	for future annual report notification)
For further information concerning this matter, pleas	·
Carolyn Setliff H&R Block	_ at (352) 622-3365
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\sum_\$130.00 Filing Fee &	√ \$155.00 Filing Fee & \$160.00 Filing Fee.
Certificate of Status	Certified Copy (additional copy is enclosed) 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

Effective Date 8/, //2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTI	E.	I _ '	Na	ma
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The name of the Limited Liability Company is:

MICHAEL POTTER PAINTING LLC

(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:
241 NW 136th TERRACE	241 NW 136th TERRACE

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:

MICHAEL L POTTER Name 241 NW 136th TERRACE Florida street address (P.O. Box NOT acceptable) OCALA FL 34482 FL 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 (REOUIRED)

(CONTINUED)

Page 1 of 2

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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				
MGRM	MICHAEL L POTTER			
	241 NW 136th TERRACE			
	OCALA FL 34482			
MGRM	THERESA A POTTER			
	241 NW 136th TERRACE			
	OCALA FL 34482			
				
(Use attachment if necessary)				

ARTICLE V: Effective date, if other than the date of filing: AUGUST 1, 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.)

MICHAEL L POTTER

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)