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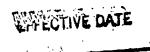
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COVER LETTER

10: Registration of Division of	on Section f Corporations			
SUBJECT:	Schnatz M Name of Limite	Paintanance CCC		
	Name of Limite	d Liability Company		
The enclosed Article	es of Organization and fee(s) are s	ubmitted for filing.		
Please return all cor	respondence concerning this matte	er to the following:		
	Devan Sch	natz		
	-	Name of Person		
		,		
		Firm/Company		
	3284	Old Federal Rd Address	SEU	75 71 71
		Address	AHA	3 T
	Chuinco	State and Zip Code O Galeo Com or future annual report notification)	58.5 SE	N 1
	City	/State and Zip Code		3
	E-mail address: (to be used for	or future annual report notification)	TLORID.	PH 2:3
For further informat	ion concerning this matter, please		5	7
Devan	Schoolz ame of Person	at (\$50) 627	7684	
· Na	ame of Person	Area Code & Daytime Telep	hone Number	
Enclosed is a chec	k for the following amount:			
•	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing For Certificate of State Certified Copy (additional copy is en	us &
	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		

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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	nce CC y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3284 Old Federal R.L. Quincy FL 200 32351	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	·
Devan Schnat Name	Z
3284 OH Fed	ress (P.O. Box NOT acceptable)
Quinc _y City, Sta	FL 3235/ te, and Zip
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	recept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Au Sel	
Registered Agent's Signatu	are (REQUIRED)

(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:

MGRM	Devan Schnatz 3284 Old Federal Rd Guincy FL 32351
	12 EC
	AHASSEE.
	an the date of filing: <u>10-12-12</u> . (OPTIONA ust be specific and cannot be more than five business days
REQUIRED SIGNATURE:	

Devan Schnatz
Typed or printed name of signee

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)

I am aware that any false information submitted in a document to the Department of State