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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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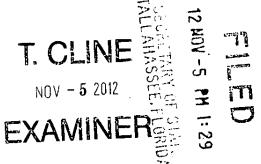
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Phillip Painting LLC Name of Limited Hability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Phillip Lee Ross Name of Person	
Firm/Company	
721 Crossway Road Address	
Tallahassee, FL 32305 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Phillip Ross at (850) 210 - 9083 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
Registration Section Registration Section	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Phillip Painting L. L.C. (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	s:
Principal Office Address: Mailing Address:	
721 Crossway Road Tallahassee, FL 32305	
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:	
Gabrielle Emery ART &	KITA
Florida street address (P.O. Box NOT acceptable) Tallahassel FL 32310 City, State, and Zip	-
Having been named as registered agent and to accept service of process for the above stated limite 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 a 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 (REQUIRED)	all

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR"	' = Manager	Name and Address:	
	M" = Managing Member	·	
			·
			
	<u>.</u>		
		<u> </u>	
			
			
			
(Use att	tachment if necessary)		
ARTICLE V	Effective date, if other than the d	ate of filing: (ΌΡΤΙΟΝΔΙ)
(If an effective o	date is listed, the date must be	specific and cannot be more than five bu	
to or 90 days af	fter the date of filing.)	,	
	1		
<u>REQUI</u>	<u>IRED</u> SIGNATURE:		
	a hall	all .	
	Signature of a member	or an authorized representative of a member.	IAI.
	constitutes an affirmation under t	08(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein	are muc.
	constitutes a third degree felony	ation submitted in a document to the Department of the provided for in s.817.155, F.S.)	<u> </u>
	Phillip	Lee Ross	
	У Гуре	ed or printed name of signee	1: 30 ORID
<u>F</u>	Filing Fees:		:30 ORIDA

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)