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(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA 2013 MAR 01 AH 9:

COVER LETTER

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TO:	Registration S Division of Co		גי		*	
CHRI	GIBE	BS PAINTING	S, LLC		,	
SUBJI	EC1:		ted Liability Company			
The.en	closed Articles o	f Organization and fee(s) are	submitted for filing.			
Please	return all corresp	ondence concerning this mat	ter to the following:			
		Pamela J. C	Sibbs			
			Name of Person			
		GIBBS PAI	NTING, LLC			
			Firm/Company			
		2824 Willia	msburg Street			
			Address			
		Sarasota, F	FL 34231		TAS:	201
	· · · · · · · · · · · · · · · · · · ·		ty/State and Zip Code			OIB MAR G
		stvgibbs2@ac	bl.com for future annual report notification)		ASE ASE	<u>a</u> ;
For fur	ther information	concerning this matter, pleas	·		707 S	a
i	Pamela	J. Gibbs	941- ₎ 780-14	418	. ORIE	AM 9: 12
	Name	of Person	Area Code & Daytime Tele	phone Number		. •
Enclo	sed is a check for	or 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 F Certificate Certified ((additional c	e of Sta Copy	tus &
		3.4 (1): 4.1.1	Compat/Complex Addisons			

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Li	ne: mited Liability Compa	any is:			
GIBBS PAI	NTING, LLC			_	
(Mı	ist end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")		_	
ARTICLE II - Ad	drace.				
		f the principal office of the Limited L	iability	Compa	any is:
Principal Office A	ddress:	Mailing Address:			
2824 Williamsburg Stre	et	2824 Williamsburg Street		_	
Sarasota, FL 34231		Sarasota, FL 34231			
		_			
business entity with an a	active Florida registration.)	of the registered agent are: Name	SECHLTARY OF TALLAHASSEE.	2013 MAR Ø1	T)
	Florida street address (P.O. Box NOT acceptable)		- E. O.	A	\Box
	Sarasota FL 34231		FLC TST	بو	
City, State, and Zip		F STATE , FLORIB	=		
liability compai registered agent d all statutes relati	ny at the place designa and agree to act in this ing to the proper and c	and to accept service of process for the sted in this certificate, I hereby accept a capacity. I further agree to comply we complete performance of my duties, and as registered agent as provided for a signature (REQUIRED)	the appo vith the p ed I am fo	ointmei provisi amiliai	nt as ons of with

(CONTINUED)

Page 1 of 2

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

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

"MGR" = Manager	Name and Address:	
'MGRM" = Managing Member		
MGR	Pamela J. Gibbs	
WOK	2824 Williamsburg Street	
	Sarasota, FL 34231	
MGRM	Mitch Carey	
WIGRIN	4158 Tonga Drive	,
	Sarasota, FL 34231	
MGRM	Eric Clark	<u> </u>
	2824 Williamsburg Street	HO AR
	Sarasota, FL 34231	<u></u>
		SSE
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Use attachment if necessary)		Ø .
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LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	per or an authorized representative of a 08.408(3), Florida Statutes, the execution er the penalties of perjury that the facts st	. (OPTIC re than five bus a member. of this document ated herein are true.
EV: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a	per or an authorized representative of a control of the penalties of perjury that the facts struction submitted in a document to the D	. (OPTIC re than five bus a member. of this document ated herein are true.
EV: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a	per or an authorized representative of a 08.408(3), Florida Statutes, the execution er the penalties of perjury that the facts st	. (OPTIC re than five bus a member. of this document ated herein are true.

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)