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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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N. Culligan APR - 3 2013

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: North	Name of Limit	g Services LLC ed Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ndence concerning this matt	er to the following:	
	Boloby E	Ha(+ Name of Person	
		Firm/Company	
	436 Southern Co	untry Ln Address	
O .			
	hincy Florida Cit	ly/State and Zip Code	
	Bobby HA(+86 E-mail address: (to be used i	@ gmail.com for future annual report notification)	
For further information co	oncerning this matter, please	e call:	
Robby Name o	HALL Person	at (850) 556 95 Area Code & Daytime Telep	58 hone Number
Enclosed is a check for	r the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 Ci Tallahassec, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limi	ted Liability Company is:		
North (Must e	FLorida painting and with the words "Limited Liability	Services LLC Ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addr The mailing address a	:	incipal office of the Limited Lia	bility Company is:
Principal Office Add	ress:	Mailing Address:	
436 Southern Quincy FL	o Country Ln 32351	436 Southern Col anincy FL 3235	motryln
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 Flo	rida street address of the re	egistered agent are:	To: 3
	Bobby Hart Name		
	Name		35 L F
	436 Southern Cou	ntry in consequent	SET OF A
	Florida street add	lress (P.O. Box NOT acceptable)	AH IO: 50 EE FLORIE
	Onincy	FL 32351	NIE 59
	City, Sta	ite, and Zip	• •
liability company o registered agent and all statutes relating	at the place designated in t d agree to act in this capac to the proper and complet	accept service of process for the chis certificate, I hereby accept the ity. I further agree to comply with performance of my duties, and gistered agent as provided for in	te appointment as th the provisions of I am familiar with

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

$\frac{\text{Title:}}{\text{"MGR"}} = \text{Manager}$	Name and Address:
"MGRM" = Managing	Member
MGRM	Bobby HAIT 436 Southern Country IN Onincy FL 32351
	·
(Use attachment if nece	essary)
	Bylly Hand
(In accordance constitutes an I am aware the	e with section 608.408(3), Florida Statutes, the execution of this document affirmation under the penaltics of perjury that the facts stated herein are this at any false information submitted in a document to the Department of State, hird degree felony as provided for in s.817.155, F.S.)
	Robby Hart 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)