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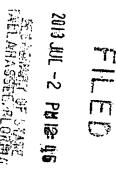
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

SprayGroup USA, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua L. Rice

Name of Person

SprayGroup USA, LLC

Firm/Company

11932 85th Terrace

Address

Seminole, FL 33772

City/State and Zip Code

josh@spraygroupUSA.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josh Rice

_{#/}813

270-8657

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for 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 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compar	ny is:
SprayGroup USA, LLC	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11932 85th Terrace	11932 85th Terrace
Seminole, FL 33772	Seminole, FL 33772
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Joshua L. Rice	Registered Office, & Registered Agent's Signature Registered Agent. You must designate an individual oranother the registered agent are:
Florida str	eet address (P.O. Box <u>NOT</u> acceptable)
Sem	ninole _{FL} 33772
C	lity, State, and Zip
liability company at the place designate registered agent and agree to act in this all statutes relating to the proper and co and accept the obligations of my position	and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of implete performance of my duties, and I am familiar with a stregistered agent as provided for in Chapter 608, F.S Signature (REQUIRED)
(CO!	NTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		in the second
0 0		E 1005
MGR	Josh Rice	
	11932 85th Terrace	9.5
	Seminole, FL 33772	
		43
<u></u>		
	-14, 19, 10-11	
(Use attachment if necessary)		
LE V: Effective date, if other than th	e date of filing:	(OPTIONA an five busine
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: at be specific and cannot be more the	an five busine
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	at be specific and cannot be more that	nber s document erein are true.
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	et be specific and cannot be more that et a specific and cannot be more that the facts stated he mation submitted in a document to the Department of the specific and cannot be more that et a specific and cannot be expected as a specific as a specific and cannot be expected as a specific and cannot be expected as a specific as a specific as a specific and cannot be expected as a specific a	nber s document erein are true.

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)