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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: How U Like it Paint and Interior	Design LLC d Liability Company	
	Name of Emilia	Liability Company	
The en	aclosed Articles of Organization and fee(s) are so	abmitted for filing.	•
Please	return all correspondence concerning this matte	r to the following:	
	Damon Wade		
	1	Name of Person	
	How U Like it Paint and Interior Des		
		Firm/Company	
	14818 Edgemere Dr		
	14016 Edgemere Di	Address	
	Spring Hill, FL 34609		
	City	State and Zip Code	
	mhann2009@gmail.com		[*- *]
	E-mail address: (to be used to	r future annual report notification)	# -
For fu	rther information concerning this matter, please	call:	
_			
Dame	on Wade	at (727 517-5658	
	Name of Person	Area Code & Daytime Tele	ephone Number
Enclo	sed is a check for the following amount:		•
	•		
~⊞\$125	.00 Filing Fee \$130:00 Filing Fee & Certificate of Status	Certified Copy	\$160.00 Filing Fee, Certificate of Status
	Columeate of Status	(additional copy is enclosed)	Certified Copy (additional copy is enclose
	Mailing Address	Street/Courier Address	<u>!</u>
	Registration Section Division of Corporations	Registration Section Division of Corporation	S
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center	Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:			
How U Like it Paint and Interior Design, (Must end with the words "Limited Liab				
ARTICLE II - Address:	,			
The mailing address and street address of the p	orincipal office of the Limited Lia	bility Co	mpan	y is:
Principal Office Address:	Mailing Address:			
14818 Edgemere Dr	14818 Edgemere Dr			
Spring Hill, FL 34609	Spring Hill, FL 34609			
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individ			
Damon Wade		<u>></u>	201.	
Name Name		Fag	2013 SEF	
14818 Edgemere Dr		VORU USTE	8	problem vs
Florida street ad	ldress (P.O. Box NOT acceptable)	<u>ارده</u> درو		,
Spring Hill, FL 34609	FL	37	ဏ္ဍ	
City, S	tate, and Zip	3	ည်	
Having been named as registered agent and to	accept service of process for the	above sta	ited lir	nited

Having been named as registered agent and to accept service of process for the above stated limited 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 all 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)

(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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
	Melissa Hann
MGR	14818 Edgemere Dr
	Spring Hill, FL 34609
	opining tim, i coroos
W	
	
effective date is listed, the date	an the date of filing: (OPTIONAL) must be specific and cannot be more than five business d
CLE V: Effective date, if other that	must be specific and cannot be more than five business d
CLE V: Effective date, if other that effective date is listed, the date of or 90 days after the date of filing REQUIRED SIGNATURE:	must be specific and cannot be more than five business d
CLE V: Effective date, if other that effective date is listed, the date of or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a new section of the secti	must be specific and cannot be more than five business d
CLE V: Effective date, if other that effective date is listed, the date of or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a magnitude of the constitutes an affirmation I am aware that any false	must be specific and cannot be more than five business dang.) member or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State follows as provided for in a 217.155. E.S.)
CLE V: Effective date, if other that effective date is listed, the date of or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a magnitude of the constitutes an affirmation I am aware that any false	must be specific and cannot be more than five business dang.) member or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State follows as provided for in a 217.155. E.S.)
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CLE V: Effective date, if other that effective date is listed, the date of or 90 days after the date of filing REOUIRED SIGNATURE: Signature of a material constitutes an affirmation I am aware that any false constitutes a third degree Melissa Ham	must be specific and cannot be more than five business dang.) iember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee Organization and Designation