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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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EFFECTIVE DATE 01-01-14

CLORE WY TALLAHASSEC. FLORIDA

B. BOSTICK OCT **2** 5 2013

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: WOOSTER Paint Co. "LLC."  Name of Limited Liability Company
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:
Name of Person
WOOSTER Paint CO Firm/Company
4334 Bills Creek Rd.
UNION Mills N.C. 28167 City/State and Zip Code
E-mail address; (to be used for future annual report notification)
For further information concerning this matter, please call:    UN WOOSTER at (828) 777-7760   State of Person   Area Code & Daytime Telephone Number   State of Person   Stat
Enclosed is a check for the following amount:
□\$125.00 Filing Fee  \$\times
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 Company is:

WOOSTER Pant Co"LLC."	
(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	of the Limited Liability Company is:
Principal Office Address: Mailing Ad	dress:
Union Hills NC 28167 Union	Bills (reck Rd Mills NC. 25067
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registered Agent. You multiple business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	tare:
Guy Davenport Name	2013 OCT 21
623 Cape Kennen	y Kd· 编章
Florida street address (P.O. Box N	
Uaples FL 34, City, State, and Zip	104 Della 2: 1-1
Having been named as registered agent and to accept service of liability company at the place designated in this certificate, registered agent and agree to act in this capacity. I further agail statutes relating to the proper and complete performance and accept the obligations of my position as registered agent of the proper and complete performance and accept the obligations of my position as registered agent of the proper and complete performance and accept the obligations of my position as registered agent of the proper and complete performance and accept the obligations of my position as registered agent of the proper and complete performance and accept the obligations of my position as registered agent of the proper and complete performance and accept the obligations of my position as registered agent of the proper and complete performance and accept the obligations of my position as registered agent of the proper and complete performance and accept the obligations of my position as registered agent of the proper and complete performance and accept the obligations of my position as registered agent of the proper and complete performance and accept the obligations of my position as registered agent of the proper and the proper and the proper agent of the proper	I hereby accept the appointment as gree to comply with the provisions of of my duties, and I am familiar with

(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	
MGR	WIN WOSTER
<del></del>	Union Mills Creek Rd Union Mills NC. 28167
mGRM_	HUGO RemiREZ 131 MINDY DR.
	Vaples F1. 34,04
	0CT 2
/II 1 10	127
(Use attachment if necessary)	
FICLE V: Effective date, if other than the	e date of filing: Jan 1 2014 (OPTIONAL)
on effective date is listed, the date mus or to or 90 days after the date of filing.)	t be specific and cannot be more than five business da

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Win Woost E 2
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)