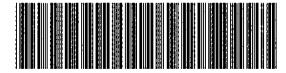
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
TALL AHASSEE FLORIDS

2013 DEC -4 AM IO: 5

DEC 0 5 2013

(850) 245-6051.

COVER LETTER

TO: **Registration Section Division of Corporations**

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

Please return all correspondence concerning this matter to the following:

Swanne Fulford			
Name of Person			
			
Firm/Company			
21545 Cormorant Cove Dr.			
Address			
Land O Lales FL 34637	2 (2)	2013	e martine
Stylford 2018rizon, Net		DEC -	
E-mail address: (to be used for future annual report notification)	協之	-	i i
For further information concerning this matter, please call:		AK O:	
Suzanne Fulford at 813, 841-1050	OST CONTROL	58	Ar Marine
Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & ☑ \$160.00 Fil	ling 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

Certificate of Status

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

The name of the Limited Liability Company is:	
Dixie Belle Paint Company LLC	
(Must end with the words "Limited Liability Company, "U.L.C.," or "LLC.")	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability Company	y is:

Principal Office Address:	Mailing Address:
2816 Land O Lakes Blvd	2/9/5 Cormorant Cove Dr
Land O Lakes, FL	Land O Lakes, FL
34639	34637

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 Florida street address of the registered agent are:

ARTICLE I - Name:

Suzanne Fulford	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	201	
Name		3 DE	
21545 Cormorant Cove Dr.	HAS I	1	Barana eventura
Florida street address (P.O. Box NOT acceptable)	SEE)De:	i Payay
Land U Lockert 3463 + City, State, and Zip	E 51	TE (1
	1,5 7		"Attquir

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

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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 afeitrue. 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.)

Filing Fees;

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

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