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SECTRETARY OF STATIONS
DIVISION OF CORPORATIONS
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## **COVER LETTER**

	tration Section on of Corporations				
SUBJECT: 上	Iollifield Painting, LLC				
	Name of Lin	nited Liability Company			
	rticles of Organization and fee(s) ar				
		and to the following.			
<u>Ry</u>	an Heath Hollifield	Name of Person			
	•	Name of Person			
<u>Ho</u>	llifield Painting, LLC			_	
		Firm/Company			9
				17	SEC
29	14 Royal Tuscan Lane	Address	*** ·	FEB 2	NE OF
					ARY CO
<u>Val</u>	rico, FL 33594	<u> </u>		M II: 2	TY OF STATE
		ity/State and Zip Code			RAI
ryanhollifi	eld75@vahoo.com or ihollifield@ E-mail address: (to be used	tampabay.rr.com for future annual report notifica	ation)	-	SHO
	rmation concerning this matter, plea	٠.			
	, , , , , , , , , , , , , , , , , , ,				
Ryan Heath I	lollifieldat (_8	113 ) 503-4051	16 - <del>18 - 18 - 1</del> 9		
	Name of Person	Area Code Daytime Tel	lephone Number		
Enclosed is a ch	neck for the following amount:				
☑ \$125.00 Filing		□\$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	Street/Courier Adda Registration Section Division of Corporat Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Hollifield Painting, 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 offi	ice of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
2914 Royal Tuscan Lane Valrico, FL 33594	same				
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent, You must designate an individual or )				
The name and the Florida street address of the registered a	gent are:				
Janel Rae Hollifield Name					
2914 Royal Tuscan Lane Florida street address (P.O. Box 1	NOT acceptable)				
Valrico,	FL 33594				
City	Zip				
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance sations of my position as registered agent as provided for in r 605, F.S.				

Page 1 of 2

(CONTINUED)

<u>Title:</u> "AMBR" ≈ Authorized Member	Name and Address:		
"MGR" = Manager AMBR	Janel Rae Hollifield		
(Use attachment if necessary)			
TCLE V: Effective date, if other than the date n effective date is listed, the date must be state of filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days afte		
TCLE VI: Other provisions, if any.			
	, , , , ,		
REQUIRED SIGNATURE:	My T		

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2