L14000099832

(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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06/24/14--01001--013 **125.00



B. BOSTICK

COVER LETTER

	egistration Section vision of Corporations	
SUBJECT:	: Specialty Contrags LLC Name of Limited Liability Company	
The enclosed	ed Articles of Organization and fee(s) are submitted for filing.	
Please return	n all correspondence concerning this matter to the following:	
-	David Gaskins Name of Person	
-	Firm/Company	
	1136 Carissa Dr.	
-	Address	
_	1/36 Carissa Dr. Address Tallahassee Flg. 32308 City/State and Zip Code	d.
_	City/State and Zip Code	<u></u>
-	E-mail address: (to be used for future annual report notification)	
For further i	information concerning this matter, please call:	
_Da	Name of Person at 850 528-1669 Name of Person Area Code Daytime Telephone Number	25 F 26
Enclosed is	a check for the following amount:	
\$125.00 Fili	ling Fee Signature of Status S	(b
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	•
Specialty Coatin (Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
David Gaskins	1136 Carissa Dr. Tullo Fla
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)	
The name and the Florida street address of the registered age	nt are:
DAVID Gaskins	
DAVID Gasking Name 1136 Carissa O	
1(36 Carissa ()	c,
Florida street address (P.O. Box NC	
Tallahassee	FL Fla 32308
City	Zip
Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of accept my duties, and I am familiar with and accept the obligation. Chapter 6	e appointment as registered agent and agree to act in this Il statutes relating to the proper and complete performance tions of my position as registered agent as provided for in
2-1-2	<u>`</u> `
Registered Agent's Signature	(REQUIRED)
(CONTINUED)	
Page 1 of 2	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	David Garkins
-14 M 1812	David Gaskins
2 00 a 20	Tallahassec Fle. 32708
MGR	523 Shannon Dr.
_	Telle. fla. 32305
MGR	Andrew Mc Egy
	7.11. Cla 32305
(Use attachment if necessary)	
CLE V: Effective date, if other than the	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 days
te of filing.)	t be specific and cannot be more than five business days prior to or 50 days
CLE VI: Other provisions, if any.	
<u> </u>	
REQUIRED SIGNATURE:	- 1 1 -

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.)

David w. Gaskins
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)

I Have no intention of using Rainstatins
Specialty Coatings LLC L12000120885

De 15-2014

14 JUN 23 (T 4-21