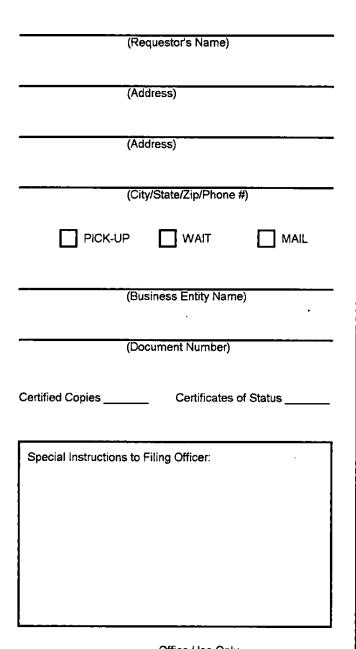
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SECRETARY OF STATE

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COVER LETTER

Division of Corporations	
SUBJECT: WARRANTY & COATING S Name of	ERVICES LLC of Limited Liability Company
The enclosed Articles of Organization and fee	e(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
TotalLegal Customer Service	Department Name of Person
	Name of Person
TotalLegal	Firm/Company
375 118th Ave SE, Ste 118	
	Address
Bellevue, WA 98005	City/State and Zip Code
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter	r, please call:
	at (<u>866</u>) <u>815-6840</u>
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fee Certificate of State	
Mailing Address	Street/Courier Address
Registration Section Division of Corporations	Registration Section Division of Corporations
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:		
WARRANTY & COATING SERVICES LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE 11 - Address: The mailing address and street address of the principal office.		
Principal Office Address:	Mailing Address:	
7108 FAIR LN HUDSON, FL 34667	7108 FAIR LN HUDSON, FL 34667	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an ind	lividual or
The name and the Florida street address of the registered ag	gent are:	
<u>Jeremiah R. Monti</u> Name		
7108 FAIR LN Florida street address (P.O. Box N	IOT acceptable)	
HUDSON	FL 34667	
City	Zip	
Having been named as registered agent and to accept servi 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 Chapter	he appointment as registered agent and agreal statutes relating to the proper and complations of my position as registered agent as	ee to act in this lete performance
(CONTINUE)))	
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SECRETARY OF STATE

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Jeremiah R. Monti
	7108 FAIR LN
	HUDSON, FL 34667
MGR	DAVID A MONTI
WON	7108 FAIR LN
	HUDSON, FL 34667
	HUDSON, FL 34001
<u> </u>	
Ollan attachment (Carrage)	
E V: Effective date, if other than the date extive date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
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E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man (In accordance with section 66)	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document
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retive date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a management of a management of the constitutes an affirmation under I am aware that any false information.	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State
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E V: Effective date, if other than the date extive date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ma (In accordance with section 66 constitutes an affirmation und I am aware that any false infor constitutes a third degree felor Jeremiah R. Mo	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my-as provided for in s.817.155, F.S.)

ARTICLE IV-

Page 2 of 2

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