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TO ACKNOWLEDGE SUFFICIENCY OF FILMS ONIVACUEDS AS MEIOA PENES AG INDA REASE (TO A FORTER

SECRETARIAN SAME



AUG 1 2 2014

T. BROWN

## COVER LETTER

•	TO:	Registration Section Division of Corporations		*	<b>17</b>	y •	Apr.	3
	SUBJEC	ст: <u>36<sup>\s</sup></u>	Paint Name of Lin	ing LL nited Liability	. C Company			
	The encl	osed Articles of Organizatio	n and fee(s) at	e submitted fo	r filing.			
	Please re	turn all correspondence con	cerning this m	atter to the foll	owing:			
			Gabri	Name of Per	a (Ker			
				Name of Per	rson			
		· · · · · · · · · · · · · · · · · · ·	<del> ·</del>	Firm/Comp	any			
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	For furth	er information concerning t						
	<u> G</u> a	brie Walker Name of Person	at (	SSU ) Area Code	264-44° Daytime Te	Elephone Number		
	_	is a check for the following	-			_		
	] <b>\$</b> 125.00	Filing Fee  \$\sum \\$\sum \\$\sum \\$\sum \\$\text{130.00 l}\$  Certifica	Filing Fee & te of Status	Certified	Filing Fee & Copy Copy is enclosed)	S160.00 Fili Certificate of Certified Co (additional cop	of Status & Opy	d)

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:	₩.	, 14
33's Paintins, LL		<b>206</b>
(Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")	; <b>~</b>
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:	4 AUG 12 PH 12: 27
Principal Office Address:	Mailing Address:	ġīri 🗀
13980 Slow Rd Tallahassa FC 323/2	13980 Soun Rd Tallahassa Fe 32312	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	Registered Agent. You must designate an individual	or
The name and the Florida street address of the registered a  Gabrio Us  Name	agent are:	
13980 Slow R	d	
Florida street address (P.O. Box)  Talla455566  City	· · · · · · · · · · · · · · · · · · ·	
Having been named as registered agent and to accept serv		

Having been named as registered agent and to accept service of process for the above stated limited 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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Fitle:</u> AMBR" = Authorized Member MGR" = Manager	Name and Address:
Gabrid Walky "MGR"	13,980 Slaw Rd Tellahussa Fe 32312
EV: Effective date, if other than the date of fective date is listed, the date must be specific	iling: (OPTIONAL) ic and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date of fective date is listed, the date must be specifif filing.)	iling: (OPTIONAL) ic and cannot be more than five business days prior to or 96
Use attachment if necessary)  E.V: Effective date, if other than the date of fetive date is listed, the date must be specifif filing.)  E.VI: Other provisions, if any.  REQUIRED SIGNATURE:	iling: (OPTIONAL) ic and cannot be more than five business days prior to or 90

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)