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	tration Section on of Corporations		
SUBJECT: _	BAT Painting Name of Li	nited Liability Company	
The enclosed A	articles of Organization and fee(s) at	re submitted for filing.	
Please return a	ll correspondence concerning this m	atter to the following:	
	Brand	on Calhoun Name of Person	
	B47	T fairting Firm/Company	
_	8360 B	ScIK Dr W	
_	Tall / FL /3	City/State and Zip Code	
	E-mail address: (to be use	d for future annual report notifica	tion)
For further info	ormation concerning this matter, ple	ase call:	
Bran	Name of Person	850 363 - 58 Area Code Daytime Tel	854 ephone Number
Enclosed is a c	heck for the following amount:		
■ \$125.00 Filing	Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Add	r <u>ess</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:				
The name of the Limited Liability C	Company is:			
Brandon Th	c. Painter L h the w 2ds "Limited L	iability Company, "L.L.C.,	or "LLC.")	
ARTICLE II - Address: The mailing address and street addr			•	
Principal Office Address:		Mailing Address:		
8560 Belk Dr	w Tell/IFL/32311	8560 Belk	Dr W Tally	FL /32310
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an acti	nnot serve as its own Re	egistered Agent. You must		al or
The name and the Florida street add	Branclon Name	^ l	-	2014 AUG SECIOLEI TALLALI
	eet address (P.O. Box N		-	TILE 6 20 Marco
- I Jorida sii	City	FL 323/0 Zip	· · · · · · · · · · · · · · · · · · ·	
Having been named as registered to the place designated in this cert capacity. I further agree to comp of my duties, and I am familiar v	ificate, I hereby accept t ly with the provisions of with and accept the oblig Chaptet	he appointment as registere all statutes relating to the p	ed agent and agree to a proper and complete pe	act in this erformance

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Brando 8560 Bclk Tallbasee 1	sn (alhoun Drw FL 32310	 <u>-</u>	~
			- - -	
			- - -	
			- -	
(Use attachment if necessary) LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.)			90 days a	fter
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.) LE VI: Other provisions, if any.			90 days a	fter
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.)			90 days a	fter
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.) LE VI: Other provisions, if any.			90 days a	fter
LE V: Effective date, if other than the date fective date is listed, the date must be spend of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menuture	cific and cannot be more than five bus	of a member. cution of this document lated herein are true.		2014 AUG
LE V: Effective date, if other than the date fective date is listed, the date must be spend of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menuture	mber or an authorized representative 5.0203 (1) (b), Florida Statutes, the exect the penalties of perjury that the facts statution submitted in a document to the D	of a member. cution of this document lated herein are true. department of State		2014

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-