L14000/54475

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)
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Division of Composation



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Painting Signature of Limited Liability Impan	ervices LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Randall J The	smas.
310 Springhill Rd	Penny 1914 32348
Perry FIA 3234 City/State and Zip Code	8
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please call:	•
Randal/ Thomas at (950) 84.	3-6578 aytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Status Status Status Certified Copy (additional copy is e	Certificate of Status &

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 CO	MPANY 3 AH 9:26
ARTICLE I - Name: The name of the Limited Liability Company is:	Ţ.	1 10 10 10 10 10 10 10 10 10 10 10 10 10 10
Must end with the words "Limite	inting & Service d Liability Company, "L.L.C.," or	/
ARTICLE II - Address: The mailing address and street address of the principal		
Principal Office Address: 3/8 Springhill Ro Posty Film 32348 950-843-6578	Mailing Address: 310 Springfull 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	125 18 78
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registration	n Registered Agent. You must design	
The name and the Florida street address of the registere Sto Sprin Kanan	ed agent are:	CFFECTIVE DATE
Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)	
Perry City	FL 52348	
Randall 1	ept the appointment as registered ag as of all statutes relating to the prope obligations of my position as register apter 605, F.S	ent and agree to act in this er and complete performance
Registered Agent's Sign	nature (REQUIRED)	

(CONTINUED)

Page 1 of 2

The name and address of each person	authorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Randal/ J Thomas PEROX FIA 32348 858-843-657848
(Use attachment if necessary) ARTICLE V: Effective date, if other than the country of the date must be the date of filing.)	date of filing: 10/3/14 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days a
ARTICLE VI: Other provisions, if any.	
(In accordance with section constitutes an affirmation of I am aware that any false in	member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s. 817.155, F.S.)

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)