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SECRETARY OF STATE
SECRETARY OF STATE

J. Shivers DEC 22 2015

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: Morne	au Painting & Wallcovering Name of Lit	gs, LLC mited Liability Company	
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	natter to the following:	
Edward	A Morneau	Name of Person	
Morneau	u Paiting & Wallcoverings,	LLC Firm/Company	
<u>827 Bal</u>	Harbor Blvd.	Address	
<u>Punta G</u>	orda, FL 33950		
_edmorneau@n	nsn com	City/State and Zip Code d for future annual report notification	ation)
For further information	on concerning this matter, ple	ase call:	
Ed Morneau Nar	at (at (at (at (603) 674-5669 Area Code Daytime Te	lephone Number
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Ma</u>	iling Address	Street/Courier Add	<u>ress</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 Company is:		
Momeau Painting & Wallcoverings, LLC (Must end with the words "Limited	Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability Cor	npany is:
Principal Office Address:	Mailing Address:	
827 Bai Harbor Bivd. Punta Gorda, FL 33950	same	
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration). The name and the Florida street address of the registered	Registered Agent. You must des n.)	ignate an individual or
Ed Morneau	•	DEC CRET
Name		ARY SSS
827 Bal Harbor Blvd.		mo 3 m
Florida street address (P.O. Box	NOT acceptable)	T (5) 00 T
Punta Gorda,	FL 33950	8: 54 STAIL
City	Zip	
Having been named as registered agent and to accept set the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obtained in the complex of the complex	t the appointment as registered ago of all statutes relating to the propligations of my position as registed ter 605, F.S	gent and agree to act in this er and complete performance

(CONTINUED)

Page 1 of 2

	" = Authorized Member = Manager	Name and Address:
		Doris Alise Morneau, AMBR
	_ 	
		
() !	1	
	chment if necessary)	
ARTICLE V: Eff	ective date, if other than the da	ate of filing: (OPTIONAL)
ARTICLE V: Eff	ective date, if other than the date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after
ARTICLE V: Eff (If an effective dat the date of filing.)	ective date, if other than the date is listed, the date must be s	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after
ARTICLE V: Eff (If an effective dat the date of filing.)	ective date, if other than the date is listed, the date must be some provisions, if any.	nte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after
ARTICLE V: Eff (If an effective dat the date of filing.)	ective date, if other than the date is listed, the date must be sher provisions, if any.	specific and cannot be more than five business days prior to or 90 days after
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ARTICLE V: Eff (If an effective dat the date of filing.) ARTICLE VI: Otl	ective date, if other than the date is listed, the date must be sher provisions, if any. RED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days after
ARTICLE V: Eff (If an effective dat the date of filing.) ARTICLE VI: Other	ective date, if other than the date is listed, the date must be some provisions, if any. RED SIGNATURE: Signature of a not constitutes an affirmation under that any false information under the section of constitutes and affirmation	specific and cannot be more than five business days prior to or 90 days after
ARTICLE V: Eff (If an effective dat the date of filing.) ARTICLE VI: Other	her provisions, if any. RED SIGNATURE: Signature of a notic constitutes an affirmation unlam aware that any false infecconstitutes a third degree felo	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of state or an authorized representative of a member.

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)