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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 1 3 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CAPRI Pro PAINTERS LLC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SAMUEL J Collura Je
Name of Person
CAPRI POS PAINTERS
Firm/Company
1303 JEN MAJO LANE
Address
LUTZ, FL 33549 City/State and Zip Code
SCOI 203 @ COI, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Samuel Colluca at (813) 817-0388 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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:			
CAPRI PRO PAINTERS 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 office of the Limited Liability Company	is:		
Principal Office Address: Mailing Address:			
1303 Jen MaJo LANE 1303 JEN 199 JOS LUTZ, FL LUTZ, FL 33549 33549	ANE	-	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate another business entity with an active Florida registration.)	an indivi	dual or	r
The name and the Florida street address of the registered agent are:			
Samuel J Collura JR Name			
1303 JEN MAJA LANE			
Florida street address (P.O. Box NOT acceptable)			
LITZ EL 3351/9			
LUTZ FL 3351/9 City Zip			
Having been named as registered agent and to accept service of process for the above stated limithe place designated in this certificate, I hereby accept the appointment as registered agent an capacity. I further agree to comply with the provisions of all statutes relating to the proper and of my duties, and I am familiar with and accept the obligations of my position as registered agent Chapter 605, F.S	d agree i complete	to act is e perfoi	n this rmance
Registered Agent's Signature (REQUIRED)	JALI SE		
(CONTINUED)	CRET	4 DEC 30	
Page 1 of 2	CRETARY OF ST	30 PM 2:	TO VERSE

Title: "AMBR" = Authorized Member "MGR" = Manager AMBR	Name and Address: SAMUEL J COLLUTA JR 1303 JEN MA JO LANE	_ _
AMBR	NANCY M. COLLUM 1303 JEN MATO LANE LUTZ, FL 33549	- - -
(Use attachment if necessary)		
CLE V: Effective date, if other than the date of the effective date is listed, the date must be specification.	filing: <u>JANUARY 1, 2015</u> . (OPTIONAL) fic and cannot be more than five business days prior to or	90 days
CLE V: Effective date, if other than the date of f	filing: <u>JANUARY 1, 2015</u> . (OPTIONAL) fic and cannot be more than five business days prior to or	90 days
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CLE V: Effective date, if other than the date of the effective date is listed, the date must be specificate of filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0)	cer or an authorized representative of a member.	
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-