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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Effective Date 1/26/15

15 JAN 30 PH 12: 06
SEURETARY OF STATE

FEB = 9 2915 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: M. FL Refinishing, 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:
Robert Kevin Godwin
Name of Person Name of Person Firm/Company
14 Plpascent Ave
Address
Pensacola, Florida 38505 City/State and Zip Code
TKOUNGOLWING Yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Kevin Godwn at (880) 2871648 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 Street/Courier Address

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

Effective Date /26/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	A	RT	ICL	Æ I	_	N	ame:
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The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
14 Pleasant AVE.	14 Pleasant Ave.
rengalo 19 - 1. 32505	46/60 CO19, 1-1. 30-505

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Robert Kovin Godwin

Florida street address (P.O. Box NOT acceptable)

Pengacola FL 32505 City Zip

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

TILED

15 JAN 30 PH 12: 06

SECRETARY OF STATE

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	0 ha 1 1/11 0 1
MGK	Kobat Kevin Godwin
•	Pengacola Fl. 32505
MGR	Dosman William Godwin Jr.
- F* C(1)	6 Harmony Ave
	Penocola F1- 30505
•	
(Use attachment if necessary)	
EV: Effective date, if other than the	date of filing: 1 2 Lo 2014 (OPTIONAL) e specific and cannot be more than five business days prior to or
EV: Effective date, if other than the dective date is listed, the date must be	date of filing: 1 26 2014 (OPTIONAL) e specific and cannot be more than five business days prior to or
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EV: Effective date, if other than the dective date is listed, the date must be of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a	member or an authorized representative of a member. 1605.0203 (1) (b), Florida Statutes, the execution of this document
EV: Effective date, if other than the dective date is listed, the date must be of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation to	member or an authorized representative of a member. 1 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of periury that the facts stated herein are true.
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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)

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