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Office Use Only

JUN 0 8 2015

r. SCOTT



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TO ACKNOWLEGGE SUFFICIENCY OF FILING RECEIVED DEPARTORES OF STATEMENT OF STATEMEN

15 JUN -8 PH 12: 3

## COVER LETTER

	gistration Section vision of Corporation	ons		
SUBJECT:			Painting LL	•
			nited Liability Company	
The enclose	d Articles of Organi	zation and fee(s) ar	e submitted for filing.	
Please retur	n all correspondence	concerning this m	atter to the following:	
		68	Simmon 5, Sr Name of Person	
			Name of Person .	
	Ed	Simmons	Pointing Firm/Company	
			Firm/Company	
		15.29	Keith St	
			Addiess	
		Talloh.	ity/State and Zip Code  2 D S Mai / . com  d for future annual report notifica	•
		C	ity/State and Zip Code	
	el E-mail:	sim mons 9	for future annual report notifica	ution)
For further	information concerni			
	Name of Perso	at (	Area Code Daytime Tel	lephone Number
Enclosed is	a check for the follo	wing amount:		
□ \$125.00 Fil	ing Fee □\$130	.00 Filing Fee & ficate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addr Registration Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street/Courier Adding Registration Section Division of Corporate Clifton Building 2661 Executive Center Tallahassee, FL 3230	ions ler Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ed	Simmon's Pain	n tins, L	110	
. (	(Must end with the words "Limi	ited Liability (	Company, "L.L.	C.," or "LLC.")
ARTICLE II - Address a	ess: and street address of the principa	al office of the	Limited Liabili	ity Company is:
Principal Office Add	Iress:	<u>Mailin</u>	g Address:	
1929 Kei	th St 11 32310	151 Fal	9 Keith	St , C1 32710
(The Limited Liability	stered Agent, Registered Office Company cannot serve as its of ty with an active Florida registra	wn Registered	red Agent's Sig I Agent. You mi	gnature: ust designate an individual or
The name and the Flor	rida street address of the register  EU S:m mon	_		
	Ed Simmon 1929 Keith	sme 54		
	Florida street address (P.O.	Box <u>NOT</u> acc		nami di Pipagang
	Tallahassee City	FL	32310	
	City		Zip	<del></del>
the place designate capacity. I further a	ed in this certificate, I hereby ac agree to comply with the provisio am familiar with and accept the	cept the appoi ons of all statu	ntment as regist tes relating to th f my position as	ove stated limited liability company at lered agent and agree to act in this ne proper and complete performance registered agent as provided for in

(CONTINUED)

Page 1 of 2

Use attachment if necessary)  V: Effective date, if other than the date of filing:	Signature of a member or an authorized representative of a member.  (in accordance with section 605.0203 (1) (b). Florida Statutes, the execution of this document constitutes an affirmation under the penalities of perjuny that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  L. J. M. J.	<u> Fitle:</u>	Name and Address:
Use attachment if necessary)  V: Effective date, if other than the date of filing:	Se attachment if necessary)  V: Effective date, if other than the date of filing:		•
Use attachment if necessary)  V: Effective date, if other than the date of filing:	See attachment if necessary)  V: Effective date, if other than the date of filing:	MGR" = Manager	(1) 5.
Use attachment if necessary)  V: Effective date, if other than the date of filing:	Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  L. J. Typed or printed name of signee  Filing Fees:  125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	1-1/11 BK	EU limmons 1)
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