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## **COVER LETTER**

	gistration Section vision of Corporations	
SUBJECT:	Brock's Painting Group, LLC.	
SOBJECT.	Name of L	mited Liability Company
The enclosed	d Articles of Organization and fee(s) a	are submitted for filing.
Please return	n all correspondence concerning this n	natter to the following:
]	Matthew Brock	
-	4 ***	Name of Person
-		Firm/Company
4	4910 N Monroe St A205	
-		Address
	Γallahassee, FL 32303	
bi	rock_designs@yahoo.com	City/State and Zip Code
	E-mail address: (to be use	d for future annual report notification)
For further inf	formation concerning this matter, plea	se call:
N	Aatthew Brock 8	212-6541
_	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	a check for the following amount:	
<b>\$125</b> .00 Fili	ng Fee \$\frac{\$130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certificate of Status}}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FURFILDRIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Brock's Painting Group, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "IJ.C.")				
ARTICILE II - Address: The mailing address and street address of the principal office of the Lumited Liability Company is:				
Printipal Office Address:	Mailing Address:			
4910 N Monroe St	4910 N Monroe St			
A205 Tallahusseo, F1. 32303	A205 Tallahossee, FL 32303			
The name and the Florida street address of the registered agent	Services, INC.			
17888 With Co	O. Box NOT acceptable)			
	, FL 33470			
City	State Zip			

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<b>Title:</b> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Matthew Brock
	4910 N Monroe St A205
	Tallahassee, FL 32303
	·
18. 18. 18. 18.	
(Use attachment if necessary)	
LEV: Effective date, if other than the date of	of filing: (OPTIONAL)
	cific and cannot be more than five business days prior to or 90 days after
of filing.)	eet the applicable statutory filing requirements, this date will not be listed a
iment's effective date on the Department o	
LE VI: Other provisions, if any.	

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Matthew Brock

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)

\$ 5.00 Certificate of Status (Optional)

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