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## **COVER LETTER**

Registration Section
Division of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT: Et N Painting and cleaning LLC Name of Limited Lightlity Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Ex N Painting and alexning
5245. Williams of. Address
City/State and Zip Code  Workkinsload Annual Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$  \$155.00 Filing Fee & \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)}\$\$  \$160.00 Filing Fee, \text{Certified Copy} \text{(additional copy is enclosed)}\$\$
Mailing AddressStreet AddressNew Filing SectionNew Filing Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
(Must end with the words "Limited Lipbilit	y 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:
BAYSINILLIGNOST.	sama as principal

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:

ARTICLE 1 - Name:

Name

Sayo Millrams Cd.

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

City State 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..

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Memb	Name and Address:
"MGR" = Manager	Ninota mason 3243-INIIInmost. Dulmatela mason
MGR	Evic Normy Br. 403 Hort Lane Puncy Fla. 32371
(Use attachment if necessary)	
n effective date is listed, the date i late of filing.)	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 days after does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
Clocument's effective date on the D	
document's effective date on the D	
document's effective date on the D	
REQUIRED SIGNATURE:  Signature  This document	

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)