

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Amie@taxsaversfl.net

6 JAN 11 PH 1: 11

FLORIDA LIMITED LIABILITY CO. Garrod Painting of Naples LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

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Electronic Filing Menu

Corporate Filing Menu

Help

| | FIL | ED | | |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Garrod Painting of Naples 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: | <u>Mailing Address</u> : |
|----------------------------|--------------------------|
| 210 Taylor St | 210 Taylor St |
| Unit 116 | Unit 116 |
| Punta Gorda FL 33950 | Punta Gorda FL 33950 |
| . 41110 - 40140 - 1 477741 | 1 Willa Golda LE 5,5950 |

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 Ploridal registration.)

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

| Brad Garrod | | |
|-----------------------|--------------------------|------------|
| | Name | |
| 1094 Fergus Ln | | |
| Florida street addres | s (P.O. Box <u>NOT</u> a | cceptable) |
| Punta Gorda | FL | 33983 |
| 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 or registered agentus provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page t of 2

| "MGR" = Manager MGRM Brad Garrod 1094 Fergus Ln Punta Gorda FL 33983 MGRM Javier Ibarra 3626 Arctic Cir Naples, FL 34112 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: | Title: | Name and Address: |
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| MGRM Brad Garrod 1094 Fergus Ln Punta Gorda FL 33983 Javier Ibarra 3026 Arctic Cir Naples, FL 34112 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (COPTIONAL) Rective date is listed, the date must be specific and cannot be mure than five business days prior to or 9 of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nument's effective date on the Department of State's records. LE VI: Other provisions, if any, d all lawfull business REQUIRED SIGNATURE: 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 mave 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. Brad Garrod Typed or printed name of signee Filling Feets: \$125.00 Filting Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) | "AMBR" = Authorized Member | |
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Page 2 of 2