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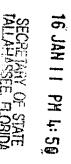
(Re	questor's Name)	
(Ad	dress)	
———(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
W15-82	495	





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12/14/15--61048--008 **160.00







COVER LETTER

D D	ivision of Corporations	
SUBJECT	Pick a Shade Painting, LLC.	
SOBJECT		of Limited Liability Company
The enclos	ed Articles of Organization and fee	e(s) are submitted for filing.
Please retu	rn all correspondence concerning t	his matter to the following:
	David W. Dreher	
		Name of Person
	Pick a Shade Painting, LLC.	
		Firm/Company
	12578 Misty Mountain Dr. S.	
		Address
	Jacksonville, FL 32225	
	dwdreher1107@yahoo.com	City/State and Zip Code
•	E-mail address: (to be	used for future annual report notification)
For further i	nformation concerning this matter,	please call:
	Penny Butler Dreher	904 962-6469 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 F	iling Fee \$130.00 Filing Fee Certificate of State	
	Mailing Address	Street Address Now Filing Section

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

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



December 28, 2015

DAVID W. DREHER 12578 MISTY MOUNTAIN DR. S. JACKSONVILLE, FL 32225

SUBJECT: PICK A SHADE PAINTING, LLC

Ref. Number: W15000082495

We have received your document for PICK A SHADE PAINTING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 is missing.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 615A00026983



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			16 JAN II PM	4: 50
The name of the Limited Liabili	ty Company is:		SECRETARY OF TALLAHASSEE. F	STATE LORIDA
Pick a Shade Paintin		11 :-1:12 . C		•
(Must end	with the words "Limited	1 Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	office of the Lir	nited Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
12578 Misty Mounta Jacksonville, FL 322			12578 Misty Mountain Dr S. Jacksonville, FL 32225	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	cannot serve as its own	Registered Ag	Agent's Signature: ent. You must designate an individual or	
(The Limited Liability Company	y cannot serve as its own active Florida registration	Registered Agon.)		
(The Limited Liability Company another business entity with an	y cannot serve as its own active Florida registration	Registered Agon.)		
(The Limited Liability Company another business entity with an	y cannot serve as its own active Florida registration address of the registered	Registered Agon.)		
(The Limited Liability Company another business entity with an	y cannot serve as its own active Florida registration address of the registered	n Registered Agon.) d agent are: Name		
(The Limited Liability Company another business entity with an	y cannot serve as its own active Florida registration address of the registered David W. Dreher	n Registered Agon.) d agent are: Name ain Dr. S.	ent. You must designate an individual or	
(The Limited Liability Company another business entity with an	y cannot serve as its own active Florida registration address of the registered David W. Dreher 12578 Misty Mountain	n Registered Agon.) d agent are: Name ain Dr. S.	ent. You must designate an individual or	

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)

Page 1 of 2

(CONTINUED)

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	uthorized Member	Name and Address:	SECRETARY OF TALLAHASSEE, F
"MGR" = Mai AMBR/MGR		David W. Dreher	
THEOLOGIC	<u>. </u>	12578 Misty Mountain Dr.	S.
		Jacksonville, FL 32225	
AMBR		Penny B. Dreher	
		12578 Misty Mountain Dr.	S.
		Jacksonville, FL 32225	
			
EV: Effective	date, if other than the date		(OPTIONAL)
Tective date is ling of filing.) If the date insertiment's effective	date, if other than the date isted, the date must be spe	ecific and cannot be more than five be neet the applicable statutory filing requ	usiness days prior to or 9
EV: Effective fective date is lings of filings of the date insert ment's effective. EVI: Other pro-	e date, if other than the date isted, the date must be spe ed in this block does not me the date on the Department of	ecific and cannot be more than five be neet the applicable statutory filing requ	usiness days prior to or 9
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EV: Effective date is ling.) If the date insert ment's effective. EVI: Other pro-	e date, if other than the date isted, the date must be specied in this block does not me date on the Department of covisions, if any. Signature of a me This document is execut I am aware that any false constitutes a third degree	ecific and cannot be more than five between the applicable statutory filing required State's records. Ember or an authorized representative ted in accordance with section 605.020 to information submitted in a document to the felony as provided for in s.817.155, F	ve of a member. 3 (1) (b), Florida Statutes to the Department of State