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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
•				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
GIES JOURS				
AUTHORIZATION BY PHONE TO				
CORRECT ALACAZ  DATE 3 25/16				
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## **COVER LETTER**

**Registration Section** 

TO:

Division of Corporations						
SUBJECT:	Youngs Painting, LLC					
5050101.	Name of Limited Liability Company					
The enclosed Articles of Organization and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Gregory T. Youngs						
-	Name of Person					
	Youngs Painting LLC					
-		Firm/Co	mpany			
	8577 Alvarado Calzada					
-		Addr	ess			
	Pensacola FL 32507					
City/State and Zip Code gtyoungs@gmail.com						
	E-mail address: (to be u	sed for future a	nnual report notification)			
For further information concerning this matter, please call:						
(	Greg Youngs at	850	281-9263			
	Name of Person	\	Daytime Telephone Number			
Enclosed is a check for the following amount:						
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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 FOR FLORIDA LIMITED LIABILITY COMPANY

A TRANSPORT TO B. N.

Gras Youngs Painting				·	
(Must	end with the words "Limited	d Liability Company	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and str	eet address of the principal of	office of the Limited	Liability Company is:		
<u>Pr</u>	ncipal Office Address:		Mailing Address:		
8577 Alvarado	Calzada	8577	Alvarado Calzada		
Pensacola FL 32	2507	Pens	acola FL 32507		
	d Agent, Registered Office,			al or	
(The Limited Liability Com another business entity with	pany cannot serve as its owr h an active Florida registration	n Registered Agent. Yon.)	t's Signature: You must designate an individua	al or	
(The Limited Liability Com another business entity with	pany cannot serve as its owr	n Registered Agent. Yon.)		al or SEC	and the same
(The Limited Liability Com another business entity with	pany cannot serve as its owr h an active Florida registration	n Registered Agent. Yon.)		16 FEI SECEN TALLAI	
(The Limited Liability Com another business entity with	pany cannot serve as its owr h an active Florida registration treet address of the registered	n Registered Agent. Yon.)		16 FEB I SECRETA TALLAHAN	+ ALEXANDRICAL
(The Limited Liability Com another business entity with	pany cannot serve as its owr h an active Florida registration treet address of the registered	n Registered Agent. Von.) d agent are:  Name		16 FEB 18 SECRETARY TALLAHASSE	
(The Limited Liability Com another business entity with	pany cannot serve as its owr h an active Florida registration treet address of the registered Gregory T. Youngs 8577 Alvarado Calza	n Registered Agent. Von.) d agent are:  Name	ou must designate an individua	16 FEB 18 PH SECRETARY OF TALLAHASSEELF	
(The Limited Liability Com another business entity with	pany cannot serve as its owr h an active Florida registration treet address of the registered Gregory T. Youngs 8577 Alvarado Calza	n Registered Agent. Von.) d agent are:  Name	ou must designate an individua	16 FEB 18 SECRETARY TALLAHASSE	

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)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

1	The name and address of each person authorized	ch person authorized to manage and control the Limited Liability Company:		
•	Title:	Name and Address:		
	"AMBR" = Authorized Member "MGR" = Manager	<u> </u>		
	AMRE	Gresory 1. Youngs		
	·mce	Valerie Youngs		
		A S		
		O state		
(Use attachment if necessary)		ATE ATE		
(If an the day Note:	effective date is listed, the date must be specific an te of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as 's records.		
ARTIC	CLE VI: Other provisions, if any.			
	REQUIRED SIGNATURE:	~ T. V. A		
		r an authorized representative of a member.		
	I am aware that any false informa	accordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.		
	Gregory T. Youngs			
	Турес	d 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)

ARTICLE IV-