

From: 4/19/08 9:20:08 AM #7 P.00176  
L 16000076207  
Division of Corporations

Florida Department of State  
Division of Corporations  
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(((H16000096877 3)))



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Account Name : MURPHY AND ELLIS, PLLC  
Account Number : I20130000051  
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Email Address: james@businesslawjax.com

RECEIVED  
16 APR 19 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
Duval Custom Coatings, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

*04/20/16*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H16000096877 3)))

ARTICLES OF ORGANIZATION  
OF  
DUVAL CUSTOM COATINGS, LLC

ARTICLE I - NAME

The name of the limited liability company is Duval Custom Coatings, LLC, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:  
27 Edgar St, #2  
Atlantic Beach, Florida 32233

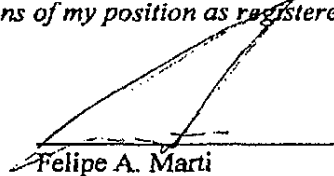
Mailing Address:  
27 Edgar St, #2  
Atlantic Beach, Florida 32233

ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Felipe A. Marti  
27 Edgar St, #2  
Atlantic Beach, Florida 32233

*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.*

  
Felipe A. Marti

APR 19 2016 10:04:11 AM  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

From:

04/19/2016 08:44

#718 P.003/003

(((H16000096877 3)))

ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

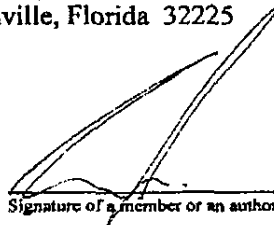
Title:  
"MGR" = Manager  
"AMBR" = Authorized Member

Name and Address:

MGR

Felipe A. Marti  
3936 Valley Garden Drive W  
Jacksonville, Florida 32225

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 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.

Felipe A. Marti

Typed or printed name of signee

APR 19 2016 10:44:09  
STATE OF FLORIDA  
DEPARTMENT OF STATE