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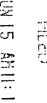
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SPACES PAINTING? CICANAS LLC Name of Limited Liability Company
The enclosed Articles of Organization and fce(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gentry Spart
SPARKS PAINTING! CIGARING LLC Firm/Company
2450 Heathrow
Address 32312
City/State and Zip Code SPARTS PARTING (LGA LTING (LC L-mail address): (to be used the future annual report notification)
For further information concerning this matter, please call:
Scattery Sparks et (850), 212.1354 Nume of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SPARKS PATINTING	3 CLEANING UC
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	Cate a Limite and Lifetility Communication
The mailing address and street address of the principal office	of the Littlited Liability Company is:
The mailing address and street address of the principal office Principal Office Address:	Mailing Address:
- , , , , , , , , , , , , , , , , , , ,	

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

Eyeo Henthou
Florida street add ass (P.O. Box NOT acceptable) TIAT

Cit,

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 diaties, and I am familiar with and access the obligations of my position as registered agent as provided for in Chapter 605, U.S.

(CONTINUED)

Page 1 of 2

<u>itle:</u>	,	Name and	Address:		
AMBR'' = Authorized	Member		•		
MGR" = Manager		C 1	C . a.L.		
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Jse attachment if nece	ssary)				
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VI: Other provisions,	if any.				
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EQUIRED SIGNAT	'URE:		r	3	
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S	ignature 🗸 a m	ember or an author	ized representative of a	ı member.	
This do	ocument is execu	ted in accordance wi	ith section 605.0203 (1)	(b), Florida Sta	tutes.
	ware that any fals	e information submit o felony as provided	ted in a document to the for in s.817.155, F.S.	Department of	State
f am as constit	utes a tnira degre	c telotty as provided			
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This do	ware that any fals	e information submit	ted in a document to the	(b), Florida Stat Department of	S
	Jse attachment if nece V: Effective date, if o tive date is listed, the filing.) ne date insert. 6 in this ent's effective date on VI: Other provisions,	Use attachment if necessary) V: Effective date, if other than the date tive date is listed, the date must be spifling.) ne date insert. a in this block does not nent's effective date on the Department VI: Other provisions, if any.	Jse attachment if necessary) V: Effective date, if other than the date of filing:	Jse attachment if necessary) V: Effective date, if other than the date of filing: tive date is listed, the date must be specific and cannot be more than five busines filing.) the date insert, a in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records. VI: Other provisions, if any.	Jse attachment if necessary) V: Effective date, if other than the date of filing:

ARTICLE IV-

Page 2 of 2