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16 JUN 23 PM 3: 36
SECRETARY OF STATE

1/4

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: COLOV Scheme L.L.C.			
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:			
Victoria Culbertson			
Name of Person			
color scheme			
Firm/Company			
14618 Rannach moor place			
Address			
Wimalina FL 33598			
COLOYSCHEME & Small. Can			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Victoria Culbertson 813, 531.4255			
Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}}			
Mailing Address Street Address			

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED 16 JUN 23 PM 3: 36

Scheme

SECRETARY OF STATE TALLAHASSEE FLORIDA

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

Principal Office Address:	<u> Mailing Address</u> :	
Victoria Culbertsan 14418 Rannoch Moor place	Victoria Culbertson 14418 Bannoon Moorpace	
WIMAUMAFI 335981	INIMOUMA FL33598 '	

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 Florida registration.)

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

City State

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)

(CONTINUED)

Page 1 of 2

ARTICLE IV-	FILED
The name and address of each person a	uthorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: SECRETARY OF STATE FALL AHASSEE FLORIDA
	MUNIS Rannoch Moor place withour FL 33578
(Use attachment if necessary)	
n effective date is listed, the date must be splate of filing.) E: If the date inserted in this block does not	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed a
CICLE VI: Other provisions, if any.	t of State's records.
REOUIRED SIGNATURE:	11/1/20
3.3.4.6.4.4.	
	1000
Signature of a m This document is exect I am aware that any fals	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817,155, F.S.
Signature of a m This document is exect I am aware that any fals	uted in accordance with section 605.0203 (1) (b), Florida Statutes.

\$ 5.00 Certificate of Status (Optional)