L1600145350

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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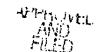
TO: Registration Section Division of Corporations	SECRETARY O
SUBJECT: Perfect Painting of Florida LLC Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	٠.
Michael Hust	
Name of Person Research Control Firm Company	
714 W Macomb St	
City/State and Zip Code Perfect Data To Ceo Committee C	~
For further information concerning this matter, please call:	
Michael Musel at (SEO) 405 - 310 Name of Person Area Code Daytime Telephone Number	·
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Status &

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

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Sompany, "L.L.C.," with the words "Limited Liability

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Tallahassee FL

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:

CC OMP Florida street address (P.O. Box NOT acceptable)

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability or apany 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 the the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and a condition of my position as registered agent as provided for in Chapter 605, F.S.,

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2



Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: SECHEBAN OF STRAILAHASSEE TO STR
M6R	714 N macomb st Tallahassee /FL, 32303
(Use attachment if necessary)	
f an effective date is listed, the date must be spe e date of filing.)	e of filing:
RTICLE V9: Other provisions, if any.	
REOUIRED SIGNATURE:	
REQUIRED SIGNATURE:	Morull L
REOUIRED SIGNATURE: Signature of a me This document is execu I am aware that any false	nember or an authorized representative of a member. auted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.

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)