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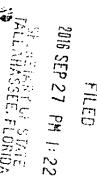
(Re	equestor's Name)			
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COVER LETTER

	Sabdan Painting		
SUBJECT: Name of Limited Liability Company			
	(Value of	Liinied Liaoiii	ty Company
The enclose	ed Articles of Organization and fee(s)	are submitted	for filing.
Please retur	n all correspondence concerning this	matter to the fe	ollowing:
	Susana Jordan Stutsman		
		Name of	Person
	Sabdan Painting		
		Firm/Co	mpany
	1926 Watermere Lane		
		Addre	ess
	Windermere, Florida 34786		
	sstutsman001@cfl.rr.com	City/State and	d Zip Code
<u>.</u>		sed for future a	nnual report notification)
For further in	formation concerning this matter, ple		, repetition inclined in the second
		case can.	
	Susy Stutsman at	321 (278-0334
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fi	_	Certific	0 Filing Fee & \$160.00 Filing Fee, ed Copy al copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclose
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	FILED
ARTICLE I - Name: The name of the Limited Liability Company is:	FILED 2016 SEP 27 PH 1: 22
Sabdan Painting, LLC (Must end with the words "Limited Liabi	JALLAHASSEE STATE
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1926 Watermere Lane	1926 Watermere Lane
Windermere, Florida 34786	Windermere, Florida
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	stered Agent. You must designate an individual or
The name and the Florida street address of the registered agent	t are:
Susana Jordan Stutsman	
Nam	ne

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..

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

Florida

State

34786

Zip

1926 Watermere Lane

City

Windermere

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMGR	SUSANA JORDAN STUTSMAN
TATION	1926 WATERMERE LANE
	WINDERMERE, FLORIDA 34786
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of filing	g: (OPTIONAL)
effective date is listed, the date must be specific a	nd cannot be more than five business days prior to or 90 days aft
te of filing.)	P 11
	applicable statutory filing requirements, this date will not be listed
cument's effective date on the Department of State	r's records.
CLE VI: Other provisions, if any.	

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.

SUSANA JORDAN STUTSMAN

Typed 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)

Page 2 of 2

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