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(Address)	_			
(Address)	_			
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COVER LETTER

Division of Corporations
SUBJECT: A-1 Paint Technicians Name of Limited Liability Company
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:
April Hunter
Name of Person
Firm/Company
2485 Raymond Diehl RD.
Address
751/2/2007 -1 777-9
Tallahassee FL. 32309 City/State and Zip Code
Dyrds Squircel@yahocom
mail audiess: to be used for future angual report notification)
For further information concerning this matter, please call:
April Hinter = 850, 553-1030
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

A-1 Paning Technicians CLC (Must end with the words "Lamited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Mailing Address:			
2485 Raymond Dich 10 2485 Raymond Tallahassee FL 37309 Tallahassee F	Diehl 2 32	20 309	. •
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.)	7.		
The name and the Florida street address of the registered agent are: April Honter Name	SE PORCH	6 IC T 20	

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.

2485 Raymond Diehl Florida street address (P.D. Box NOT acceptable)

State

Tallahassee

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

	Title:	Name and Address:
	"AMBR" = Authorized Member "MGR" = Manager	April Hanter
		7485 Reymond D. ehi RP. Tallahussee IEL 32307
,	MGR	Donta Willams 2485 Raymond Diely RO
		Tallahossee FL: 32309
•	•	
	·	
	(Use attachment if necessary)	
	(Obe attackment is recessary)	
the do	cument's effective date on the Department of State LE VI: Other provisions, if any.	e applicable statutory filing requirements, this date will not be listed as 's records.
	<u> </u>	
	REQUIRED SIGNATURE:	3
	12.11.	11
	This document is executed in a lam aware that any false inform	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.
	April	Hower ed or printed name of signee
•	\$125.00 Filing Fee for Articles of Organiza \$ 30.00 Certified Copy (Optional)	Filing Fees: ation and Designation of Registered Agent

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

ARTICLE IV-