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Office Use Only



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COVER LETTER **

	Registration Section Division of Corporations		
CHINADO	FIREFIGHTERS PAINTING A	ND MORE F	TL LLC
SUBJEC		f Limited Liabi	llity Company
The enclo	osed Articles of Organization and fee(s) are submitte	d for filing.
Please ret	turn all correspondence concerning th	s matter to the	following:
	MARK NARCHO		
		Name o	of Person
	FIREFIGHTERS PA	AINTING ANI	D MORE FL LLC
	***	Firm/C	ompany
	1242 WATERFALL	DR	
		Add	tress
	JACKSONVILE, FI	_32225	
	NARCHOJUNK@Y	•	nd Zip Code
	E-mail address: (to be	used for future	annual report notification)
For further	information concerning this matter, p	lease call:	
	MARK NARCHO	904 t (881 - 4977
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee Certificate of Statu	s —Certi	.00 Filing Fee & \$160.00 Filing Fee, fied Copy nal copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	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

FIREFIGHTERS PAINTING AND MO	ORE FL LLC
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC,")
RTICLE II - Address: he mailing address and street address of the principal office	of the Limited Liability Company is:
	of the Limited Liability Company is: Mailing Address:
he mailing address and street address of the principal office	

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

MARK NARCHO		
	Name	
1242 WATERFALL D	R	
Florida street address	(P.O. Box NOT ac	cceptable)
JACKSONVILLE	FL	32225
City	State	Zip

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 of registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ILLE, FL 32225
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