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COVER LETTER TO: **Registration Section Division of Corporations** The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sean M. Frost Name of Person Sean Frost Painting Firm/Company 26 Pearl Ave Address raw Fordville FL, 32327 City/State and Zin Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Mailing Address

Enclosed is a check for the following amount:

\$125.00 Filing Fee

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

\$130.00 Filing Fee &

Certificate of Status

Street Address

\$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

\$160.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	, Caller Dig op
Sean Frost Pain	ting LLC 2816 NOV 29 AM
(Must end with the words "Limited Liability Co	ompany, "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:
26 Pearl Ave Crawfordville, FL 32327	26 Pearl Ave Crantfordville FL, 32327
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Jean Frost	
Name	
26 Pearl Ave	
Florida street address (P.O. Box	NOT acceptable)
Crawfordville FL	32327
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 as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

Citle:	Name and Address:
AMBR" = Authorized Member	, ,
'MGR" = Manager	MGR - Sean Frost
	\sim 1
<u>.</u>	26 real Ave
	Crawfordville FL, 5253
**	
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	of filing: 1 / 28 / 16 (OPTIONAL)
V: Effective date, if other than the date	of filing: (OPTIONAL) existic and cannot be more than five business days prior to or 90
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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)