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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORICA

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Wahoo Painting 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: |
| Timothy P. Ryan Name of Person |
| Wahoo Painting / LLC |
| 4506 West Beachway Or. |
| |
| Jamp# FL, 33609 |
| Tamph FL 33609 City/State and Zip Code Wahoo Painting @ 6 MAIL. Com E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Tim RyAN813 597 9157 |
| Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Street Address |
| New Filing Section New Filing Section Division of Corporations Division of Corporations |
| P.O. Box 6327 Clifton Building |
| Tallahassee, FL 32314 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: | |
|---|----------------------------------|
| Wahoo Painting, LL | <u>'</u> .C |
| (Must end with the words "Limited Liability | Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of the | ne Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 4506 West Beach Way Dr. Tampa FL 33109 | SAME |
| ARTICLE III - Registered Agent, Registered Office, & Regist (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 | _ |

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 us provided for in Chapter 605, F.S..

4506 West Beach way
Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| <u>Citle:</u> 'AMBR" = Authorized Member | Name and Address: |
|--|---|
| MGR" = Manager | |
| | |
| | |
| MBR | Timolly P. Rym 4506 Hest Backungy Or Tampe FC 33605 |
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| Use attachment if necessary) | |
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| · · | date of filing: January 1, 2017. (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d |
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ARTICLE IV-