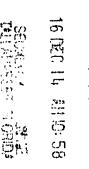
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Special Instructions to	Filing Officer:	
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DEPARTMENT OF THATE

## **COVER LETTER**

	istration Section ision of Corporations	
SUBJECT:	Pro Painting S	ystems LLC
002020	Name of Lin	nited Liability Company
The enclosed	Articles of Organization and fee(s) as	re submitted for filing.
Please return	all correspondence concerning this m	atter to the following:
	Jeffrey	Recder
_		Name of Person
_	PPS	Firm/Company
		Firm/Company
-	1338 Branch	st
		Address
_	Tallahassee, FL,	32303
	le Chdracder@av	32363 City/State and Zip Code  Mail · com  d for future annual report notification)
<u> </u>	E-mail address: (to be used	d for future annual report notification)
For further inf	formation concerning this matter, please	se call:
	Jeff at (_	850 320-4545
_	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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

Pro Painting Systems  (Must end with the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
RTICLE II - Address: the mailing address and street address of the principal office of the I	imited Liability Company is:
ie mannig address and street address of the principal office of the r	minted Enteritty Company is.
	5 - 12 - 1 1
Principal Office Address:	Mailing Address:
Principal Office Address:  1338 Brownch St.  Tallahussee Te. 32303	Mailing Address:  Same as

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

another business entity with an active Florida registration.)

ARTICLE I - Name:

1338 Branch St.
Florida street address (P.O. Box NOT acceptable)

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. Ifurther 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

istered Agent's Signature (REQUIRED)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Jeff Reeder 1334 Branch St Tallahassee Fir 32303
(Use attachment if necessary)	
a of filing )	
If the date inserted in this block does not moument's effective date on the Department of	neet the applicable statutory filing requirements, this date will not of State's records.
If the date inserted in this block does not moument's effective date on the Department of	
REOUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State
If the date inserted in this block does not recument's effective date on the Department of CLE VI; Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes.

ARTICLE IV-