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(Requestor's Name)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

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TO: Registration Section Division of Corporations
SUBJECT: Etheredge Coatings L.C. Name of Limited Hability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ross G. Etheredge Name of Person
Etheredge Coatings, LLC JFirm/Company
7140 Blue Angel Parkway Address 0
Pensacola, FL 32526 City/State and Zip Code Etheredge coctings @ amail com Ethaliaddress: (to be used for future annual report notification)
E-balail address: (to be used for future annual report notification) For further information concerning this matter, please call:
R OSS Etheredge at (850) (602 - 5295 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\$\$\$ \$\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\$\$\$\$} \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$

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

ARTICLE I - Name: The name of the Limited Liability Company is:			
Etheredge Coatin (Must end with the words "I	45, LL	ompany, "L.L.C.," or "L	LC.")
ARTICLE II - Address: The mailing address and street address of the prin	icipal office of the I	Limited Liability Compa	ny is:
Principal Office Addres	<u>ss</u> :	<u>Maili</u>	ng Address:
7140 Blue Angel Par Pensaeola, FL 32520	kway	7140 Blue Pensacola, Fr	Angel Parkway
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida reg	its own Registered 2	ed Agent's Signature: Agent. You must design	ate an individual or
The name and the Florida street address of the reg	gistered agent are:		
Ross 1	G. Ethern	edge	
***	Name	0	
<u> 1140 B</u>	Slue Angel	Parkway	
Florida street	address (P.O. Box	NOT acceptable)	
Pensaco	1a, FI	32526	
City	y State	Zip	
Having been named as registered agent and to accepted place designated in this certificate, I hereby accepted further agree to comply with the provisions of all stocam familiar with and accept the obligations of my p	the appointment as i atutes relating to the	egistered agent and agr proper and complete pe	ee to act in this capacity. I erformance of my duties, and I
	Registered Agen's	Signature (REQUIREI))
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	(CONTIN	(UED)) in C
	Page 1	of 2	21
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			0 12

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Ross G. Etheredge 7140 Blue Angel Parkway Pensacola, G. 32526
(Use attachment if necessary)	154 4
(If an effective date is listed, the date must be spec the date of filing.)	f filing: 15t, 1017. (OPTIONAL) ific and cannot be prore than five business days prior to or 90 days after tet the applicable statutory filing requirements, this date will not be listed as 'State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	G
I am aware that any false i	ther or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State Felony as provided for in s.817.155, F.S.

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

ARTICLE IV-

Page 2 of 2

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)

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