## L17000035531

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
| Certified copies Certificates of States |
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| Special Instructions to Filing Officer: |
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## . COVER LETTER

| O: Registration Section Division of Corporations  |
|---|
| SUBJECT: <u>Circat White Painting Services</u> 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:   |
| David White Name of Person  |
|   |
| 156 Royal Oaks at   |
| City/State and Zip Code  GWDS davidwhite @ gmail. Com  E-mail address: (to be used for future annual report nowlication)  |
| For further information concerning this matter, please call:  |
| David White at (850) 3(03-595)  Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:   |
| \$125.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)                |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle |

Tallahassee, FL 32301

I David White release

Great white Painting Services LLC

Doc # L15000043583 and I am

filling for a new LLC with this name.

2-17-2017

David White

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:   |   |
|---|---|
| Great White Pair (Must end with the words "Limited Liability Co   | Hing Services LLC ompany, W.L.C.," or "L.L.C.") |
| ARTICLE II - Address:<br>The mailing address and street address of the principal office of the L  |   |
| Principal Office Address:   | Mailing Address:                                |
| 15h Royal Daks of   | Same  |
| ARTICLE III - Registered Agent, Registered Office, & Registere The Limited Liability Company cannot serve as its own Registered Amother business entity with an active Florida registration.) |   |
| The name and the Florida street address of the registered agent are:  | TEB TI  |
| Ble Royal Da  | ks_ct   |
| Florida street address (P.O. Box)   | NOT acceptable)                                 |
| Crawfordville FL City State   |   |
| 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)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

| Title:   |  | Name and Address:   |
|--|--|---|
| "AMBR" = Autho "MGR" = Manage  |  | Lower Payal Date Ct. David White  |
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| effective date is lister   | e, if other than the date of   | filing:   |
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| ICLE V: Effective data a effective date is listed ate of filing.)  If the date inserted i ocument's effective date inserted inserted in ocument's effective date.  REQUIRED SIG  | e, if other than the date of I, the date must be specific in this block does not meet the on the Department of the ions, if any.  NATURE:  Signature of a meminis document is executed an aware that any false in  | ic and cannot be more than five business days prior to or 90 days<br>t the applicable statutory filing requirements, this date will not be li   |
| ICLE V: Effective data a effective date is listed ate of filing.)  If the date inserted i ocument's effective date inserted inserted in ocument's effective date.  REQUIRED SIG  | e, if other than the date of I, the date must be specific in this block does not meet the on the Department of sions, if any.  NATURE:  Signature of a membrais document is executed am aware that any false in onstitutes a third degree for the state of t | t the applicable statutory filing requirements, this date will not be listate's records.  Deer or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State |

Page 2 of 2