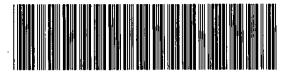
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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JANES OF CONFORATIONS



Department of State / Division of Corporations / Search Records / Detail By Document Number /

I Travis Smith will not Reinstell Smith Painting & Door Restoration Document # L15000206045

COVER LETTER

Division of Corporations		
SUBJECT: Smith Painting & boor Restoration 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:		
TVAUS SMILM Name of Person		
SmithPainting & Door Restoration Firm/Company		
1832 babytarm & Circle	·	
Tallanessee FL 32310 City/State and Zip Code Smith Paint 2405 mail. com		
E-mail address: (to be used for future annual report notification)		· <u>·</u>
For further information concerning this matter, please call:	NATE A	
Name of Person Area Code Daytime Telephone Number	RIO PM	FILED LIARY OF S OF COMPO
Enclosed is a check for the following amount:	÷ D	RATE
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	F)KS

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:	
(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 Limited Liability Company is:	
Principal Office Address: Mailing Address:	
Tallahasrael TC 32310 Tallahassee FL 32310	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	SECONORIAL MARKET
The name and the Florida street address of the registered agent are:	3. 22
Travissmith	15 CS CE
Name 1832 DCDG Fgm Crcle Florida street address (P.O. Box NOT acceptable) TG 11C La CSe et 1 3 23 (C)	PH HOL

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..

State

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
MGR" = Manager	Travissmah 1832 baby Famm Circle Tallanasseeti 32310
Ambr	Jami Wade 1832 Duby Farm Circle Tallahassec FL 32310
V: Effective date, if other than the date of tive date is listed, the date must be spe filing.)	cific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date of the date is listed, the date must be specifiling.) he date inserted in this block does not ment's effective date on the Department of	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will no
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he date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any. REOURED SIGNATURE: Signature of a ment of the document is executed I am aware that any false constitutes a third degree	eet the applicable statutory filing requirements, this date will not f State's records. The property of a member of a member or an authorized representative of a member or an authorized representative of a member or an authorized representative of the property of the p