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(Re	questor's Name)	
(Ad	dress)	_
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

APR 1 9 2017

K. Brumbley

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Richard No.	rris Painting, LLC imited Liability Company
The enclosed Articles of Organization and fee(s) a	are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Richard N	OCCIS Name of Person
Richard Nor	ris Painting, LLC
11540 Bear	-
Port Richey, richardnorris/ E-mail address: (to be use	City/State and Zip Code 747 @ gmail -com d for future annual report notification)
For further information concerning this matter, plea	se call:
Richard Norris at (727 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	<u></u>
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Richard Norris Painti	ngille
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	
Principal Office Address:	Mailing Address:
11540 Bear Paulone Port Richey Fl 34668	11540 Bear Paw Lane Port Richey, FL WW 14669

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.)

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

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Richard		
	Name	
11540 B	ear Pau Land	٤
	ress (P.O. Box <u>NOT</u> ac	
Port Richer	Florida	
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 APR IS AM II: 40

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Richard Norris
	Port Richey, EL 34668
(Use attachment if necessary)	
If an effective date is listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after
he date of filing.) Note: If the date inserted in this block does not not the document's effective date on the Department of	neet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
and the second	2n-i

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

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)