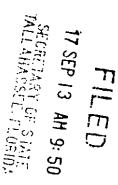
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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	T: Tyrone	Cooper Name of Limited	Painting I Liability Company	LLC
The enclo	sed Articles of Organizatio	n and fee(s) are sul	omitted for filing.	
Please ret	um all correspondence con	cerning this matter	to the following:	
		rone C	ame of Person	
	Tyrone	Looper	Painting Trent Company	LLC
	32	Legion	Park Lo	pcp
	Miranul	Bench City/S	FC 32	2550
	<u>brian</u> . E-mail addre	donegan (e ss: (to be used for	donegan a	2550 S. com notification)
For further	information concerning thi	s matter, please cal	1:	
	Brian Done Name of Person	gan at (<u>8</u> Area (SD 386 Code Daytime T	1 - 7/2 4 Telephone Number
Enclosed	is a check for the following	amount:		
\$125.001		iling Fee & e of Status (a	\$155.00 Filing Fee Certified Copy dditional copy is enc	Certificate of Status &
	Mailing Address New Filing Section Division of Corpor P.O. Box 6327		Street Addre New Filing S Division of C Clifton Build	ection Corporations ling
	Tallahassee, FL 32	J (→	Z661 Execut Tallahassee,	ive Center Circle FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:	e Cooper Pana ain the words "Limited Liability Co			
The maining address and street ac	ddress of the principal office of the	Limited Liability Company is:		
Principal Office Address:		Mailing Address:		
32 Legion Miramar Bea		32 Legion Park Local Marmany Beach FL 32	550	
		ed Agent's Signature: Agent, You must designate an individual o	г	
			AS -	
The name and the Florida street :	Tyrone Loc Name	,	17 SEP 13 SECRETARY TALLAHASSE	
The name and the Florida street a	Tyrone Coo	Pach Loop NOT acceptable	17 SEP 13 AM 9: SECRETARY OF STA	

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)

K / cyllane Coper Registered Agent's Signature (REQUIRED)

	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	AMBR	Tyrone Cooper 32 Legion Fash Loop Miramar Beach FL 32550
		T SEP IN SECRETARY
A DTU	(Use attachment if necessary)	AM 99: 5
(If an e the date <u>Note:</u>	ffective date is listed, the date must be specific an e of filing.)	d cannot be more than five business days prior to or 90 days after
ARTIC	LE VI: Other provisions, if any.	

Signature of a member or an authorized representative of a member.

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.

* Tyrone Cooper
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)