## 117000191324

(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
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## COVER LETTER

	filing Section on of Corporations	
SUBJECT: _	Scott Dollar Name of Lin	Tile and Paint LLC
The enclosed /	Articles of Organization and fee(s) are	e submitted for filing.
Please return a	II correspondence concerning this ma	atter to the following:
_	Scott S.	
		Name of Person
		Firm/Company
_	19 Janet	Address  I-1, 32327  City/State and Zip Code
<del></del>	Crawforduille	, FI, 32327
	(	City/State and Zip Code
		for future annual report notification)
For further info	rmation concerning this matter, pleas	e call:
Si	-, -,	850) 274 - 1156 Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
8125,00 Filin	g Fee \$\int\\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	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:

Scott Dollar Tile and Paint LLC (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 the Limited Liability Company is:

Principal Office Address:	Mailing Address:
	19 Junet Or
	confordville, El
Same	32327

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:

Scott S Dolley-

Florida street address (P.O. Box NOT acceptable)

Crowford vilk: 1-1. 32327

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)

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The name and addres	s of each person authori	
<u>Title:</u> "AMBR" = Authoriz	ed Member	Name and Address:
"MGR" = Manager	~	Scott S. Dollar Conterdatille, F1 32327 H Janet Or.
·	<del></del>	
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effective date is listed, t ite of filing.)	if other than the date of fi the date must be specifi	iling:
CLE V: Effective date, effective date is listed, to of filing.)  If the date inserted in a pocument's effective date	if other than the date of fi the date must be specifi his block does not meet on the Department of S	e and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be b
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CLE V: Effective date, effective date is listed, to of filing.)  If the date inserted in tocument's effective date  CLE VI: Other provision  REQUIRED SIGN.  This	ATURE:  Signature of a memb aware that any false infattutes a third degree fell.	the applicable statutory filing requirements, this date will not be listate's records.  The applicable statutory filing requirements, this date will not be listate's records.  The 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

ARTICLE IV-