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COVER LETTER . .

TO: New Filing Section Division of Corporations
SUBJECT: Gam Painting 4-C Name of Limited Libbility Company
Name of Limited Ligotity Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Manhony Caranger
Name of Person
Firm/Company
· ·
307 Pond Pine St. Address
City/State and Zip Code Paranger 33@Yahac Com E-mail address: (to be used for future annual report notification)
Agranger 33@Yahoo com
·
For further information concerning this matter, please call:
Anthony Granges at (850) 508-7154 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S130.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S125.00 Filing Fee & S160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	Ell on Fill	E.C
G 4 M Painting LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	11. 007.12 15 1. 3h. 1507-5-1	1 1:2 3100-
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		h.V.
Principal Office Address: Mailing Address:))
307 Pond Pine St. Tollahassee Florida 32310 32310		

another business entity with an active Florida registration.)

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

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

Anthony Granger Pord Pine St.

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

Tallahassex Florida 32310

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)

<u>Title:</u> "AMBR" = Authorized Member	Son authorized to manage and control the Limited Liability Company: FILE
"MGR" = Manager	
MGR	Anthony Granger JC
	707 Pond Pine St. 32310
AMBR	Mack Kondall
	30) fond Pine Si
	Tall FC 32310
711 1 15 1	
(Use attachment if necessary)	
CLE V: Effective date, if other than the	he date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must e of filing.)	t be specific and cannot be more than five business days prior to or 90 days after
CLE V: Effective date, if other than the effective date is listed, the date must e of filing.) If the date inserted in this block does	t be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed:
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Prithony Granger
Typedor 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)