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## COVER LETTER

SUBJECT: Nick Cram lenting 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:  Name of Person  Name of Person  10821 Sunflower Ln  Address  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$125.00 Filing Fee  \$160.00 Filing Fee.
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:  **Michales Weyne Craim**  Name of Person  **Name of Person**  **Name of Person**  **Address**  **City/State and Zip Code**  **E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  **Michales Weyne** at \$50 \$491-3286**  Name of Person Area Code Daytime Telephone Number  **Enclosed is a check for the following amount:  **S125.00 Filing Fee \$130.00 Filing Fee \$155.00 Filing Fee \$155.00 Filing Fee \$150.00 Filing Fee.
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IOS21 Sun flower Ln  Address  Ellahassee FL 32305  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Wicholas W Coura at (850 ) 491-3286  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  S125.00 Filing Fee \$ \$155.00 Filing Fee & \$160.00 Filing Fee,
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Certificate of Status Certified Copy Certified Copy  (additional copy is enclosed) Certified Copy  (additional copy is enclosed)
Nation Address
Mailing Address  New Filing Section  Street Address  New Filing Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, F1, 32314 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:	
Wick Crum Paintly (Must contain the words "Limited Liabi	hty 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:
10821 Sunflower LN Tollotassee FL 32305	10821 Sunflowov Uh Tullahassee FL 32305
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)	egistered Agent's Signature: istered Agent. You must designate an individual or
	L Crum
10821 Sunfle Florida street address (P.	NON LA TOMOSSO KL 32305 O. Box NOT acceptable)
City	State Zip
Having been named as registered agent and to accept service o	of process for the above stated limited liability company at the

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.,

Nicholos W CVM

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Munager MGR	Nicholas War 10821 Suntlower Lu Tolla 40800 FL 32308
	Nicholas war
701013	10,621 Chatherar / 10
	10821 34177000
	Tella40550c F1 32303
(Use attachment if necessary)	
If an effective date is listed, the date must be specific ne date of filing.)	ing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:  Nicholos W	Cu
Signature of a membe	r or an authorized representative of a member.
Lam aware that any false info	n accordance with section 605.0203 (1) (b), Florida Statutes, ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.
	rped or printed name of signee
Wichas W	of ac Crow-

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)