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## COVER LETTER

	ew Filing Section ivision of Corporations				
CHDIECT	CAN-DO PAINTING, L.L.C.				
Name of Limited Liability Company					
The enclose	ed Articles of Organization and fee(s) are submitted for filing.				
Please retu	rn all correspondence concerning this matter to the following:				
	JASON L. McCOY				
	Name of Person				
	CAN-DO PAINTING, L.L.C.				
	Firm/Company				
	1000 AIRPORT ROAD, #125				
	Address				
	DESTIN FL 32541				
(	City/State and Zip Code COUNTRYPRO1@AOL.COM				
<del>-</del>	E-mail address: (to be used for future annual report notification)				
For further in	nformation concerning this matter, please call:				
	JASON L. McCOY 608 422-0237				
	Name of Person Area Code Daytime Telephone Number				
Enclosed is	a check for the following amount:				
\$125.00 Fi	ling Fee \$\sim \text{\$\subset}\$130.00 Filing Fee & \text{\$\subset}\$155.00 Filing Fee & \text{\$\subset}\$Certificate of Status & \text{\$\subset}\$Certified Copy (additional copy is enclosed) \text{\$\subset}\$Certified Copy (additional copy is enclosed)				
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations				

Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CAN-DO PAINTING, L		<del></del>			
(Must cor	ntain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and street	address of the principal o	ffice of the Limited	Liability Company is:		
<u>Princi</u>	pal Office Address:		Mailing Address:		
1000 AIRPORT ROAD	1000 AIRPORT ROAD, #125		1000 AIRPORT ROAD, #125		
DESTIN FL 32541		DEST	IN FL 32541		
				<del></del>	
(The Limited Liability Compar another business entity with an	y cannot serve as its own active Florida registratio	Registered Agent. \on.)	ou must designate an individual or	18 HA	
(The Limited Liability Compar another business entity with an	y cannot serve as its own active Florida registratio	Registered Agent. \on.)	ou must designate an individual or	18 HAR 2	
(The Limited Liability Compan another business entity with an	y cannot serve as its own active Florida registration taddress of the registered	Registered Agent. \on.)	ou must designate an individual or	26 26	
(The Limited Liability Compan another business entity with an	y cannot serve as its own active Florida registration taddress of the registered	Registered Agent. \on.) d agent are:	ou must designate an individual or	26 A	
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida stree	y cannot serve as its own active Florida registration address of the registered JASON L. McCOY	Registered Agent. Von.) I agent are: Name	ou must designate an individual or	26 AH S	
(The Limited Liability Compar another business entity with an	y cannot serve as its own active Florida registration taddress of the registered JASON L. McCOY	Registered Agent. Von.) I agent are: Name	ou must designate an individual or	26 A	

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)

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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	A sample sam	Name and Address:		
"AMBR" = Authorized ? "MGR" = Manager	иетост			
AMBR		JASON L. McCOY		
		1000 AIRPORT ROAD, #125		
		DESTIN FL 32541		
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(Use attachment if neces	ary)			
the date of filing.) Note: If the date inserted in this l	date must be specific and block does not meet the a	d cannot be more than five business days pr applicable statutory filing requirements, this		•
the document's effective date on t	he Department of State's	s records.		
ARTICLE VI: Other provisions, if	any.			
			<del></del>	
REOUIRED SIGNATU	RE:	McCal		
Sig	nature of a member or	an authorized representative of a member	 r.	
This doc	ument is executed in acc	cordance with section 60% 0203 (1) (b) Florid	da Statutes	
I am awa	re that any false informa	tion submitted in a document to the Departm	en state	<b>.</b>
constitut	os a third degree telony a	as provided for in s.817.155, F.S.	<u> </u>	5
JA	SON L. McCOY		CRET	5 7
	Typed	or printed name of signee	3A 6	
		Mit m	~~; ~~	-
\$135.00 EBban E C		Filing Fees:	<u> </u>	
\$ 30.00 Certified Cop		on and Designation of Registered Agent		, 0
\$ 50.00 Certificate of			8₹	ಎ
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