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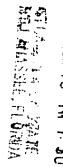
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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STEP ON 1: PZ

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Big	DIESEL PAINTING CLAMING L Name of Limited Liability Company	Lα	
The enclosed Articles of Organizati	ion and fee(s) are submitted for filing.		
Please return all correspondence co	oncerning this matter to the following:		
E	MORIA HARMON) Name of Person	-	
		-	
10	57 OCHLA Pel.	- -	
	Address	3	
TAU	City/State and Zip Code	JUN 19	FIL
	Ricale((() Q Ao(occy)) Idress: (to be used for future annual report notification)	ANS THE PART OF TH	ILED
E-mail ad	Idress: (to be used for future annual report notification)		. O :
For further information concerning	this matter, please call:	影 5	. - ந
Emony HF Name of Pers	Son Area Code Daytime Telephone Number		٠
Enclosed is a check for the follows: \$125.00 Filing Fee \$130. Certi	C160 00 Wiling Fee	s &	
Mailing Addr New Filing Se Division of Co P.O. Box 632 Tallahassee, F	orporations Olivision of Corporations Clifton Building Olivision Content Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Co	Aludin & Clawing LLC mpany, "L.L.C.," of "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:
1057 COA(1000 TALL; FL 32364	1057 0014(Ae)
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	red Agent's Signature: Agent. You must designate an individual or

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

Name

OCHLA QU.

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

TALL FL 32304

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)

PILED PRINT

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
mGR	Emory HARMON 1057 Source Dol. THILLE 32309
(Use attachment if necessary)	
n effective date is listed, the date must be	ot meet the applicable statutory filing requirements, this date will not be list
e: If the date inserted in this block does no document's effective date on the Departme	ent of State's records.
e: If the date inserted in this block does not document's effective date on the Department of the Depa	ent of State's records.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)