(Re	questor's Name)			
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Certified Copies	Certificates	of Status		
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Chiof" In Living C	der Painting LLC
The enclosed Articles of Organization and fee(s) are submitted	d for filing.
Please return all correspondence concerning this matter to the	following:
Robert Vonzell	Davis
Name o	f Person
	•
410 Inkwood Lai	ress
Tallahassee fla. 32	310
City/State a City/State a E-mail address: (to be used for future	and Zip Code O Moil Com annual report notification)
For further information concerning this matter, please call:	
Robert Davis at (850) Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certi	.00 Filing Fee & S160.00 Filing Fee. Gertificate of Status & Certified Copy . (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	Clitton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, Ft. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RTI	CLE	1 -	Name:	
---	-----	-----	-----	-------	--

The name of the Limited Liability Company is:

Chief In Living Color Painting 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:
410 inhword Lane	Same
Tallahass fla 32010	

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:

Name

HO 10 Lone

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

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 address of each person authori	zed to manage and control the Limited Liability Company:	
Title:	Name and Address:	
"MGR" = Authorized Member "MGR" = Manager Authorized Member	Robert V. Davis Jil inkund Lane Tallahass Fla. 30210 William Brown 3105 binta Drive Tallahassee Fla. 32301	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of fi (If an effective date is listed, the date must be specific the date of filing.)	ling: OPTIONAL) c and cannot be more than five business days prior to or 90	days after
	the applicable statutory filing requirements, this date will not tate's records.	be listed a
ARTICLE VI: Other provisions, if any.		 -
This document is executed in Lam aware that any false information to the constitutes a third degree fellows.	er 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 only as provided for in s.817.155, F.S.	·
T)	yped or printed name of signee	2

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)

ARTICLE IV-

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