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COVER LETTER

TO: New Filing Section of Corp	
SUBJECT: Alex	from The Painter: LLC Name of Limited Liability Company
The enclosed Articles of ©	Organization and fee(s) are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
Alex	Amon
	Name of Person
-	<u> </u>
5,887	Dear Park Circle
	Address
Tallaha	SSU FL 32311
<u> </u>	City/State and Zip Code
- Alexan	Man \$50@ Sah oc, Cam mail address: (to be used for future annual report notification)
	•
For further information cond	cerning this matter, please call:
الم يريالا	mm a1(850) 597-0954
Name	of Person Area Code Daytime Telephone Number
Exclosed is a check for the	following amount:
\$125.00 Filing Fee	\$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
×1141	Samuel A 11
	Address Street Address
Division	of Corporations Division of Corporations
P.O. Bo Tallahas	k 6327 Clifton Building see, FL 32314 2661 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:

Alex Amac (Must contain	the words "Limited Liability Comp	L C pany. "L.L.C" or "LLC.")			
ARTICLE II - Address: The mailing address and street add	ress of the principal office of the Lin	mited Liability Company is:			
<u>Principal</u>	Office Address:	Mailing Address:			
5887 Deer Familianier F	2001 C.YCLL 3234	5887 Dear Pack Cr Tallahassac FL 32311	<u> </u>		
		Agent's Signature: gent. You must designate an individual or			
The name and the Florida street ac	Alex Amm Name 5887 Deer Poor Florida street address (P.O. Box No. 1) City State	K C.Y(1) OT acceptable) 3031			
lace designated in this certificate, I wither agree to comply with the pro	hereby accept the appointment as restricted in the positions of all statutes relating to the position as registered a	For the above stated limited liability compar gistered agent and agree to act in this capa proper and complete performance of my dut agent as provided for in Chapter 605, F.S. Signature (REQUIRED)	icity. I	2018 AUG 20 AM 9:	FILED

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

Name and Address:

ARTICLE IV-