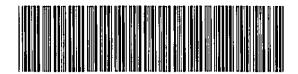
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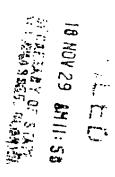
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DEC 0 4 2018 C Kinsey

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: OTB PAINTING 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:
JAMES A. SCHMALTZ Name of Person
OTB PAINTING LLC Firm/Company
1475 ALABAMA ST. Address
NAVARRE, FLORIDA 37566 City/State and Zip Code OTB PAINTING & OUTLOOK, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$ Certificate of Status \$155.00 Filing Fee \$ Certificate of Status \$ Certificate of Status \$ Certificate of Status \$ Certified Copy (additional copy is enclosed) (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
OTB PAINT	ING LLC
(Must contain the words "Limited Liability Compar	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limi	ted Liability Company is:
Principal Office Address:	Mailing Address:
1475 ALABAMA ST.	1475 ALABAMA ST.
NAVARRE, FL. 32566 USA	1475 ALABAMA ST. NAYARRE, FL. 32566 USA
ARTICLE III - Registered Agent, Registered Office, & Registered A (The Limited Liability Company cannot serve as its own Registered Ager another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	P. 6
JAMES A. S.	HMALTZ 18 NOV 29
1475 ALABAMA S Florida street address (P.O. Box NO:	Canadatakla)
NAVARRE FL. City State	37566
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)

(Use attachment if necessary) (Use attachment if necessary) (ILE V: Effective date, if other than the date of filing: (OPTIONAL ffective date is listed, the date must be specific and cannot be more than five business days prior to of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date nument's effective date on the Department of State's records. (ILE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida State in a may retain any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S. JAMES A. SHMALTZ Typed or printed name of signee Filing Fees:	Title:		Name and Address:
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ARTICLE IV-