## L19000022729

(Reque	estor's Name)
(Addre	ess)
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(City/S	State/Zip/Phone #)
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(Busin	ess Entity Name)
(Docur	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Filin	ng Officer:
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## COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	T: BMH Painti Name of L	OG UC imited Liability Company	
The enclo	used Articles of Organization and fee(s) a	ire submitted for filing.	
Please ret	urn all correspondence concerning this n	natter to the following:	
	Billy mat	Mame of Person	
			_ <del></del>
	2 Timberwood	Address	
	Apalachicola,	F1 32320 City/State and Zip Code	2019 JAN 29 MM 8: 45
	Matthewhotto 796 E-mail address: (to be use	Comail comed the future annual report notification)	
For further	information concerning this matter, plea	ise call:	用。要 〇
CBIN	y) matthew Itutto at ( Name of Person	Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:		
\$125.00	Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}	Certified Copy Certi (additional copy is enclosed) Certi	.00 Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 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:	
RMH Painting I.C.	
Must contain the words "Limited Liability Comp	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lie	mited Liability Company is:
Principal Office Address:	Mailing Address:

Truction to the truction of th	<del></del>
2-timber wood court apalachicala, F1 32320	apalachicala, Fl 33330

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:

Buj m Ih			
, Name			
A falachicola	2	Timber wood	Coust
Florida street address (P.O. B	ox <u><b>NOT</b></u> :	acceptable)	
Apolachicola	FL	32320	
City St:	He	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 (REQUIRE

(CONTINUED)

2019 JAN 29 AM 8: 45

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
coner"m GR"	Billy m Hetto 2 timberwood cont apalachicole, Fl 32320
711 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
(Use attachment if necessary)  LE V: Effective date, if other than the date.	ate of filing:
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does no	ate of filing:
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does not ument's effective date on the Departme	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be li
LE V: Effective date, if other than the diffective date is listed, the date must be sof filing.) If the date inserted in this block does not ument's effective date on the Department. LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a This document is exercise.	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be li

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)

## L190000 22729 134 M 1 Painting

Document number 417000136401

And will file a new filing with the same name.

Bing m Hutto

Sail on the

1-201-19

