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## COVER LETTER

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Please return all correspondence concerning this matter to the following:  Trwis Smill Name of Person  1832 baby farm (1008 Address  Tallah ess ce Fl 3230 City/State and Zip Code Smill 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	SUBJECT: Smith Panting	+ Door Restocation LLC ited Liability Company
Name of Person    1832   Shift   Address	The enclosed Articles of Organization and feets) are	submitted for filing.
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	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, Ft. 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Smith Pandyas + Door Restoration LCC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address

Principal Office Address:	Mailing Address:
1832 baby Farm Curcle	Sanse
Tallanassee FL 32301	

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 mailing address and street address of the principal office of the Limited Liability Company is:

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

ARTICLE 1 - Name:

Travis	Smith	
	Name	
15/32 1	oaba t	Som Circle
Florida street address	s (P.O. Box <u><b>NOT</b></u>	acceptable)
Tallahass	ce FC	<u>32301</u>
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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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MOR - Manager	Transsmill
	Tallanussee FL 3230
<del></del>	
(Use attachment if necessary)  TICLE V: Effective date, if other than the date of filing	g:
TICLE V: Effective date, if other than the date of filing on effective date is listed, the date must be specific as date of filing.)	nd cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)