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	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
PICK-UI	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of t	Status
Special Instructions	s to Filing Officer:	
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COVERLETTER

	ling Section n of Corporations			
SUBJECT:	MID TOWN	PAINTI	is & Drysle	LLC
	Name of Li	mited Liability Company		
The enclosed Ar	ticles of Organization and fee(s) a	re submitted for filing.		
Please return all	correspondence concerning this m	atter to the following:		
	Roga Ni	Smith		
_			<u> </u>	
	1303 S	Address	5+	
	CHATTAROCCHER	FL.	32324	
	CHATTALOCCHER Rege South 6 E-mail address: (to be use	City/State and Zip Code (1) (2) (3) (4) d for future annual report not	MAIL 1 Cor	<u>γ1</u>
	nation concerning this matter, plea			
\mathcal{C}	oan Snih at (850, 339	-4860	
	Name of Person	Area Code Daytime Tel	ephone Number	
	heck for the following amount:			
\$125.00 Filing	Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of	Status &
	Mailing Address New Filing Section Division of Corporations	Street Addres New Filing Sec Division of Co	ction	
	P.O. Box 6327 Tallahassee, FL 32514	Clitton Buildh	ng e Center Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	RTT:	CL	E 1	- Na	111 6
2.	IN II.	I V. I.	. r. i	- : 1.	TILE:

The name of the Limited Liability Company is:

M. o to un Printing + Drywale 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:	<u>Ma</u>	<u>illing Address</u> :
1303 S. MAI S+	. 11	, ?
CHattaheoche P.L.		
3.23.24		

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

1303 S. Mario S+

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

CHottphocker Ft 32324 City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the piace 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)

Title:		Name and Address:	
"AMBR" = Authoriz	ted Member		
"MGR" = Manager			
1 MBR			
11/1/1-1-		Kin JAIPA	
		-137) 3-5- MAIN	s +
		1700 7 1717	
		c /t attahoochaa	FL 32
			
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(Use attachment if n	•		
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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-