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COVER LETTER

	ew Filing Section ivision of Corporations		•		
SUBJECT	: Dirrty	Sout	n Paint		
		Name of Limite	d Liability Company		
The enclose	ed Articles of Organization	and fee(s) are su	abmitted for filing.		
Please retu	n all correspondence conce	rning this matte	r to the following:		
	Marwa	1 S	«KKa		
		ì	Name of Person		
			Firm/Company		
	4632	NW	46 ct	Jaines Ville	FL
	Gaine	SUM	Address	32606	
		City/	State and Zip Code		
-	E-mail address	: (to be used for	future annual report notific	cation)	
For further in	formation concerning this n	natter, please ca	II:		
	KWaN	at (3 !	α 1	8 1015	
	Name of Person	Area	Code Daytime Teleph	one Number	
Enclosed is	a check for the following ar	nount:			
□\$125.00	Filing Fee	of Status	□\$155.00 Filing Fee & Certified Copy dditional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address		Street Address		
New Filing Section Division of Corporations		/\n2	New Filing Section		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:						
Dirtu	1 South Pa	aint LCC					
(Must cona	in the words "Limited Liability Company	y, "L.L.C.," or "LLC.")					
ARTICLE II - Address: The mailing address and street ad	ddress of the principal office of the Limite	ed Liability Company is:					
<u>Princip:</u>	ul Office Address:	Mailing Address:					
4632 N	W 46 ct						
Gaines U	TIE FL 32606						
(The Limited Liability Company another business entity with an a	ddress of the registered agent are:	. You must designate an individual or arwan Sakka					
	46:32 NW 46 Name Caines Ville 1	EL 32606					
	Florida street address (P.O. Box NOT acceptable)						
	City State	Zip					
place designated in this certificate, further agree to comply with the pre	I hereby accept the appointment as registe	he above stated limited liability company at the cred agent and agree to act in this capacity. I er and complete performance of my duties, and I tas provided for in Chapter 605, F.S					

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	C 112
"MGR" = Manager M& L	Marwan	SaKKa
	4632 NW	46 CE
	Cainesville	FL 32606
	40-18-1	
	*	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date if an effective date is listed, the date must be spite date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department	need the applicable statutory filing requir	iness days prior to or 90 days after
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	Si Bir	
This document is execu I am aware that any false	ember or an authorized representative ted in accordance with section 605.0203 (a information submitted in a document to a felony as provided for in s.817.155, F.S.	(1) (b), Florida Statutes. the Department of State
	wan Sakka	

Typed or printed name of signee

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 (2)

\$ 5.00 Certificate of Status (Optional)