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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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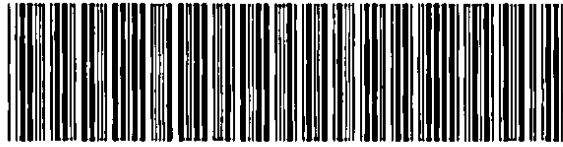
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION

OF

CAPITOL CEILINGS, LLC

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **CAPITOL CEILINGS, LLC.**

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

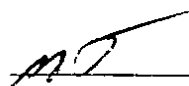
To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing address of the business in Florida for the Company is **230 LINZY STORE ROAD, CRAWFORDVILLE, FL 32327.** Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The address of the place of business is **230 LINZY STORE ROAD, CRAWFORDVILLE, FL 32327.** Such address may be changed from time to time as provided in the Operating Agreement.



6. **REGISTERED AGENT.**

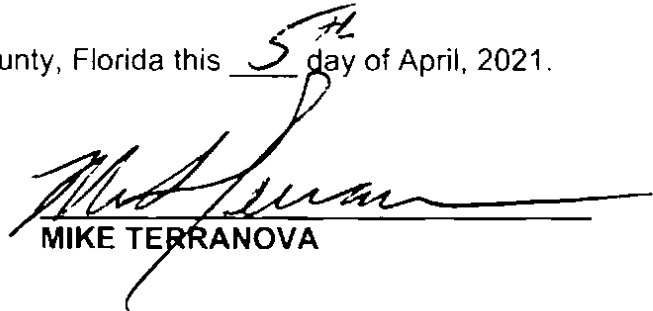
The initial registered agent in Florida for the Company is: **MIKE TERRANOVA**, and the initial, registered office is located at **230 LINZY STORE ROAD, CRAWFORDVILLE, FL 32327.**

7. **MANAGEMENT.**

The names and address of the persons authorized to manage and control the Limited Liability Company are as follows:

**MIKE TERRANOVA
230 LINZY STORE ROAD
CRAWFORDVILLE, FL 32327**

EXECUTED at Tallahassee, Leon County, Florida this 5th day of April, 2021.


MIKE TERRANOVA

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **CAPITOL CEILINGS, LLC.**
2. The name of the registered agent and office address is: **MIKE TERRANOVA, 230 LINZY STORE ROAD, CRAWFORDVILLE, FL 32327.**

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

Dated April 3rd, 2021.


MIKE TERRANOVA

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TALLAHASSEE, FL