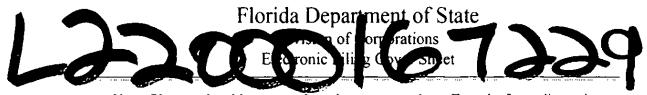
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FLORIDA LIMITED LIABILITY CO.

# Scott Martter Painting & Handyman Work LLC

(4)	Certificate of Status	1
IS IS	Certified Copy	0
ERC VIC	Page Count	03
	Estimated Charge	\$130.00

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### H22000145369

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

14154847068

## Scott Martter Painting & Handyman Work LLC

(Must end with the words "Limited Liability Company, "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: Mailing Address: 8948 SE Pine Cone Lane 8948 SE Pine Cone Lane Hobe Sound, FL 33455 Hobe Sound, FL 33455

### 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:

Scott Martter Name 8948 SE Pine Cone Lane Florida street address (P.O. Box NOT acceptable) Hobe Sound

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)

Scott Martter

(CONTINUED)

Page 1 of 2

## H22000145369

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Scott Martter
	8948 SE Pine Cone Lane
	Hobe Sound, FL 33455
MGR	Nancy Martter
	8948 SE Pine Cone Lane
	Hobe Sound, FL 33455
	<del></del>
	-
(Use attachment if necessary)	
E V: Effective date, if other than the date ective date is listed, the date must be sport filling.)  E VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
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