

L04000079389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

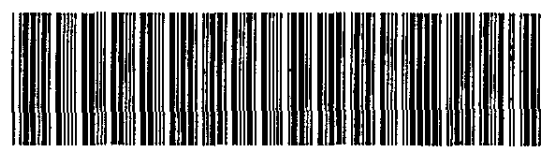
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

11/03/04
STP

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bryson Hendricks Construction LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryson E. Hendricks
(Name of Person)

Bryson Hendricks Construction LLC
(Firm/Company)

P.O. Box 840
(Address)

St Augustine FL 32085
(City/State and Zip Code)

For further information concerning this matter, please call:

Bryson E Hendricks at (904) 669-8989
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

W04-39182
04 NOV -3 AM 8:03
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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 25, 2004

BRYSON E. HENDRICKS
BRYSON HENDRICKS CONSTRUCTION LLC
P.O. BOX 840
ST. AUGUSTINE, FL 32085

SUBJECT: BRYSON HENDRICKS CONSTRUCTION LLC
Ref. Number: W04000039182

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TALLAHASSEE, FLORIDA

We have received your document for BRYSON HENDRICKS CONSTRUCTION LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Article II has spaces for your Principal Office Address and for your Mailing Address. You have listed two people as your Principal Office Address and you have listed two P.O. Boxes as your Mailing Address. Please correct Article II to show you Principal Office Address on the left column, and your Mailing Address on the right column.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 604A00061234

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bryson Hendricks Construction 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:

Bryson E Hendricks

P.O. Box 840 St Augustine FL 32085

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

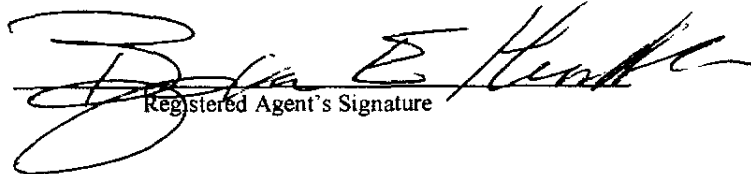
Bryson E Hendricks
Name

110 Commercial Ave East Park
Florida street address (P.O. Box **NOT** acceptable)

FL

City, State, and 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 608, F.S..


Registered Agent's Signature

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Bryson E Hendricks
PO Box 840
St Augustine FL 32085

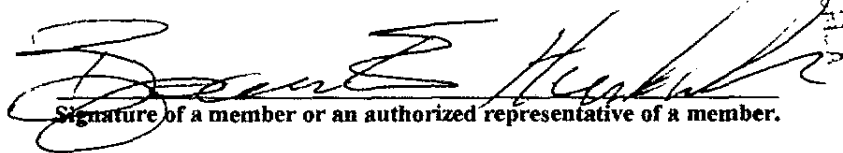
MGRM

Susan Hendricks
PO Box 22
HazelHurst GA

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Bryson E Hendricks
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 (Optional)

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