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SECRETARY OF STATE DIVISION OF CORPORATIONS

ALLA ALGEL, LONDA

D O'KEEFE JUL 2 6 2017

COVER LETTER

New Filing Section Division of Corporations

TO:

Division of Corporations
SUBJECT: BAKER BRICK & STONE MASONRY, U.S.
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:
DARNELL H BAKER
Name of Person
Firm/Company
3606 SHÓRECINE DR.
Address
TAZLAH ASSEE FL. 32305 City/State and Zip Code Capy 1
1 / L/ : / I · · · · · · · · · · · · · · · · · ·
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DARNEL BANEN 11, 850, 590-1312
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy is enclosed} \text{S160.00 Filing Fee, Certified Copy is enclosed} \text{Certified Copy is enclosed} Certified
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	101	16.1	_ N:	me
AKI	10.1	. [.]	- 17:	ш.

The name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:
- SAUF

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:

street address (P.O. Box NOT acceptable)

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)

(CONTINUED)

The name and address of each person authorized	I to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	COURTHEY SANDERS 3606 SHORELINE DD. TALLAHASSE, LL. 32306
MGR MGR	DARNALL E. BAKER 3606 STORECINE DR. TALIA HASSE FL. 32305
MAR	GABRIEL BAKER BGOG SHURRINE DR. TAILAHASSIZ FL. 32205
MER	DARNELL H. BAKEN 3606 SHORELINE DR. TALLAHASSEE FL. 32305
(Use attachment if necessary)	
the date of filing \	e applicable statutory filing requirements, this date will not be listed a
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	2 Befor

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.

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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)