

L 000003795

P.O. Box 5828
Tallahassee, FL 32314
(800) 342-8086

Account No.: 072100000032

(Requestor's Name)
1201 Hays Street
(Address)
Tallahassee, FL 32301 222-9171
(City, State, Zip) (Phone #)

Reference :
Authorization Patricia Poynt
Cost Limit : \$ 155.00

CIS Contact: Carina Dunlap

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

100-3795

1. Suncoast Builders Supply, LLC (Corporation Name) 100-3795 (Document #)
Name Availability: OK
Document: OK
2. _____ (Corporation Name) _____ (Document #)
Document: OK
3. _____ (Corporation Name) _____ (Document #)
Document: OK
4. _____ (Corporation Name) _____ (Document #)
Document: OK

Walk in Pick up time _____

Certified Copy OK

Mail out Will wait Photocopy

Certificate of Status

800003194838-5

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
00 APR -4 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
00 APR -4 AM 9:59
DEPARTMENT OF STATE
DIVISION OF CORPORATE
TALLAHASSEE, FLORIDA

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
SUNCOAST BUILDER'S SUPPLY, LLC

FILED
00 APR -4 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Company Act (Florida Statutes Chapter 608).

ARTICLE I.
NAME

The name of this limited liability company is SUNCOAST BUILDER'S SUPPLY, LLC. ("Company").

ARTICLE II.
COMMENCEMENT OF COMPANY EXISTENCE AND DURATION

The Company shall exist from the date of filing these Articles with the Department of State and the duration of its existence shall be perpetual.

ARTICLE III.
MAILING ADDRESS AND STREET ADDRESS

The Company's mailing address is 12633 Newfield Dr., Orlando, Florida 32837. The Company's street address is 12633 Newfield Dr., Orlando, Florida 32837.

ARTICLE IV.
REGISTERED OFFICE AND AGENT

The name of the initial registered agent of the Company is Lona Eskridge. The street address of the initial registered agent of the Company is 12633 Newfield Dr., Orlando, Florida 32837.

ARTICLE V.
ADDITIONAL MEMBERS

Additional members to the Company may be admitted, but only if all of the current members agree to the admission of the additional members and to the terms of admission.

**ARTICLE VI.
MANAGEMENT OF THE COMPANY**

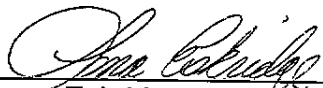
Management of the Company is reserved to managers and the name and address of the initial manager are as follows:

Lona Eskridge
12633 Newfield Dr.
Orlando, Florida 32837

**ARTICLE VII.
REGULATIONS**

The members shall have the power to adopt, alter, amend, or repeal regulations of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned executed these Articles of Organization effective as of the 3rd day of April, 2000.



Lona Eskridge, Member

00 APR -4 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

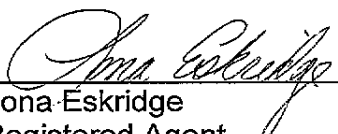
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY 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 SUNCOAST BUILDER'S SUPPLY, LLC.
2. The name and address of the registered agent and office is Lona Eskridge, 12633 Newfield Dr., Orlando, Florida 32837.

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.

Dated this 3rd day of April, 2000.



Lona Eskridge
Registered Agent

00 APR -4 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED