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AND AHASSEE, FLORIDA

# TRANSMITTAL LETTER

SUBJECT:	Top Saw Builders, LLC
	(Name of Limited Liability Company)
The enclosed Articles of C	Organization and fee(s) are submitted for filing.
P	lease return all correspondence concerning this matter to the following:
	Steven C. Buye
	(Name of Person)
	(Name of Person)  Top Saw Builders, LLC
	(Firm/Company)
	Top Saw Builders, LLC  (Firm/Company)  6606 Beedla Street  (Address)
	(Address)
	North Port, Florida 34286
<del></del>	(City/State and Zip Codc)
For further information co	oncerning this matter, please call:
Steven C. Buye	ai (941 ) 423-3001
(Name o	f Person) (Arca Code & Daytime Telephone Number)

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

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



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y Company	e principal office of the Limited Liability C	ARTICLE II - Address: The mailing address and street address of the mailing address.
	Mailing Address:	Principal Office Address:
	6606 Beedla Street	6606 Beedla Street
	North Port, FL 34286	North Port, FL 34286
_		

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

	Name	
6606 Beedla Street		-11-
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)	
North Port,	FLORIDA	_
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, Florida Statutes..

Page 1 of 2 (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:	Man KILL
MGR	Steven Buye	\$ C. C.
	6606 Beedla Street	- Van 2
	North Port, FL 34286	
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(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:		
Stern Bur	· · · · · · · · · · · · · · · · · · ·	
Signature of a member or an a	uthorized representative of a member.	

Steven C. Buye

that the facts stated herein are true.)

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

<u>Filing Fees:</u> \$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)