

W3 0000 45969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

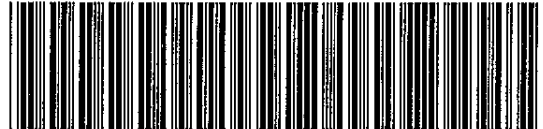
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DIVISION
TALLAHASSEE FLORIDA

EFFECTIVE DATE

1-1-04

103-45969
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Ceiling Master 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:

Michael B. Browning
(Name of Person)

The Ceiling Master
(Firm/Company)

9949 Elgin Rd.
(Address)

Tallahassee, FL. 32305
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Browning at (850) 421-8975
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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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**

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Ceiling Master LLC

ARTICLE II - Address:

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

Principal Office Address:

Michael B. Browning
9949 Elgin Rd Tall. Fl
32305

Mailing Address:

9949 ELGIN Rd.
Tallahassee, FL
32305

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

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

Michael B. Browning
Name

9949 ELGIN Rd.
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FLORIDA, 32305
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..

Michael B Browning
Registered Agent's Signature

EFFECTIVE DATE
11-09

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TALLAHASSEE FLORIDA

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:

MGRM

Michael B Browning
9949 Elgin Rd Tallahassee FL
32305

(Use attachment if necessary)

ARTICLE V
Effective date 1-1-04

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TALLAHASSEE FLORIDA

FILED

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

REQUIRED SIGNATURE:

Michael B Browning
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.)

Michael B Browning
Typed or printed name of signee

Filing Fees:

\$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)