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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

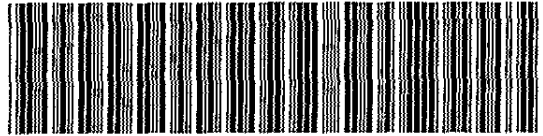
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporations

SBJ ECT: Roger Stiller Masonry 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:

Roger Stiller

(Name of Person)

Roger Stiller Masonry LLC

(Firm/Company)

4907 Keyser Mill Road

(Address)

Baker, Florida 32531

(City/State and Zip Code)

For further information concerning this matter, please call:

Roger Stiller

(Name of Person)

at (

850

537-3793

(Area 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 NOV 19 AM 11:15

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Roger Stiller Masonry 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:**4907 Keyser Mill RoadSAMEBaker, Florida 32531**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**  
The name and the Florida street address of the registered agent are:Roger Stiller

Name

4907 Keyser Mill RoadFlorida street address (P.O. Box NOT acceptable)BakerFLORIDA32531

City, State, and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

*X Roger Stiller*  
Registered Agent's Signature

**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"Roger Stiller4907 Keyser Mill RoadBaker, Florida 32531

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested****REQ I RED SIGNAT RE:**  
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.)

Roger Stiller

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)

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TALLAHASSEE, FLORIDA