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| (F | Requestor | 's Name) | |
|--|---------------------|----------------|----------|
| <u> </u> | ddress) | | <u>-</u> |
| 4) | (ddress | <u></u> | |
| (C | City/State/ | Zip/Phone # |) |
| PICK-UP | | TIAW | MAIL |
| (E | Business | Entity Name |) |
| (E | Document | Number) | |
| Certified Copies | | Certificates o | f Status |
| Special Instructions t | o Filing C | officer: | |
| i√am e Λvailabill ity | | | |
| Эосиment Canti ner | DCC | | |
| Updater | DCG _{ffic} | e Use Only | |
| Updater Verifyer | DCC | | |
| \cknowledgement | DCC | | |
| W. P. Verifyer | DCC | , | |



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TRANSMITTAL LETTER

| SUBJECT: <u>GARY</u> (hambliss MASONRY L, L.C. (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: | |
| GARY Chambliss (Name of Person) | · |
| GAR, Chambliss MASONRY (Firm/Company) | O3 |
| 38 Chambliss Ld (Address) | 03 DEC -I |
| HAVANA 72. 32333 (City/State and Zip Code) | M 9: 02 RY 9/ STATE SEE, FLORID |

For further information concerning this matter, please call:

GARY Chambless at 850 228-0895
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS: Registration Section

TO:

Registration Section

Division of Corporations

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:

| GARY CHAMBIES MASONAG L.L.C. | |
|--|---|
| ARTICLE II - Address: | |
| The mailing address and street address of the principal | office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 38 (hAmb):55 Rd. HAVANA FL | 38 Chambliss Rd |
| 32333 | 32333 |
| ARTICLE III - Registered Agent, Registered Office | , & Registered Agent's Signature: |
| The name and the Florida street address of the registere | ed agent are: |
| GARY CHAMBLISS Name | ALL SEC |
| Name | AHL) CC |
| 38 Chambliss LC | 1 SSET |
| Florida street address (P.O. Box No. | OT acceptable) |
| HAVANA, FL | 32333 ESS 9 |
| 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, F.S..

Registered Agent's Signature

(CONTINUED)

ARTICLE.IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

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)