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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: STEEL FRAming of FLorida 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:
GARY S. BOWERS (Name of Person)
STEEL Framing of Florida, 160 (Firm/Company)
10366 S.E. Hwy, 441 Lot #5 (Address)
BFILEVIEW, FL. 34420 (City/State and Zip Code)
For further information concerning this matter, please call:
GORY POURTS 1 TO 2507-2421

STREET ADDRESS:

(Name of Person)

TO:

Registration Section

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

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:	
STEEL Framing of FLO	Rida, LLC
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
10366 S.E. Hwy 441	10366 SE HWY 441
LOT #5	LOT #5
RELLEYIEW, FL. 34420	BFLLEVIEW, FL, 34450
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	
10366 S.E. Hwy 40 Florida street address (P.O	
BELLEVIEW City, State, a	nd Zip 28
Having been named as registered agent and to accept serve company at the place designated in this certificate, I here agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familian registered agent as provided for in C	by accept the appointment as registered agent and in the provisions of all statutes relating to the proper in with and accept the obligations of my position as

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	GARY S. BOWERS LOZGOSE HUNY 441 LOT # S BELLEVIEW, FL. 34420
(Use attachment if necessary)	
NOTE: An additional article mu	est be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member or	Sauwe r an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated herein	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury are true.)
GAPU RA	or into

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)

Typed or printed name of signee