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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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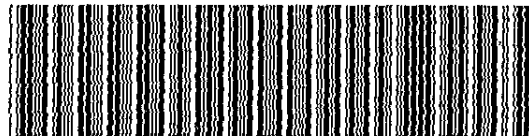
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DIVISION OF RATINGS



Mr. Curt Palmer

316 Oak Knolls Cir
Sebring, FL 33876-6246

TO Whom it may CONCERN:
Please Process the attached
Articles of Organization.

My ADDRESS AND PHONE NUMBER
ARE BELOW WITH CHECK ENCLOSED

CURT Palmer
316 OAK KNOLLS CIR.
SEBRING, FL. 33876

Phone # 863-6551201

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CURT Palmer Plastering, 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:

CURT Palmer
(Name of Person)

CURT Palmer Plastering LLC
(Firm/Company)

316 OAK KNOLLS Circle
(Address)

SEBRING Fla. 33876
(City/State and Zip Code)

For further information concerning this matter, please call:

CURT Palmer at (863) 6551201
(Name of Person) (Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS
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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:

CURT Palmer Mastering LLC

ARTICLE II - Address:

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

Principal Office Address:

316 Oak Knolls Cir
SEBRING, Fla
33876

Mailing Address:

316 Oak Knolls Cir.
SEBRING, Fla
33876

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

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

CURT Palmer
Name

316 Oak Knolls Cir
Florida street address (P.O. Box **NOT** acceptable)

SEBRING FLORIDA 33876
City, State, and Zip

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DIVISION OF CORPORATIONS

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..

Curt Palmer
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

Curt Palmer
3116 OAK KNOLLS CIR
SEBRING FL 33876

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Curt Palmer

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.)

CURT PALMER

Typed or printed name of signer

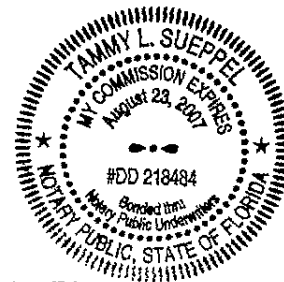
Filing Fees:

\$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)



Tammy L. Sueppe
Curt Sueppe

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