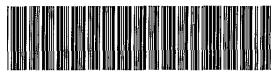
L03000056/22 ED

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
·		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only

SECRETARY OF STATE TALLAHASSEE, FLORID



200025633832

12/29/03--01011--003 **125.00

DIVISION OF CURPORATION

AL

TRANSMITTAL LETTER

03 DEC 29 AM 9: 23

SEURETARY OF STATE FALLAHASSEE, FLORIDA

TO: Registration Section Division of Corporations

SUBJECT: Officense Duscy L.C.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALPHONSO DOR SEY
(Name of Person)

ALPHONSO DORSEY PLASTERING
(Firm/Company)

86 NIT ZION CHURCH RD
(Address)

HAVANA, FC 32333

For further information concerning this matter, please call:

ALPHONSO DORSEY at (850) 539-6/43
(Name of Person) (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

ARTICLE I - Name: The name of the Limited Liability Company is: ALPHONSO DORSEY PLASTERING LLC SEUNCIARTY OF STATE TALLAHASSEE. FLORIDA ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:

86 MT ZION CHURCH RD IMVANA, FL 32333	86 MT ZION CHURCH RD
LAVANA, FL 32333	HAUPAA, EC 32333
	·

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

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

ALPHONSO DORSEY

Name

86 MT ZION CHURCH RD

Florida street address (P.O. Box NOT acceptable)

HAVANA FL 32333

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..

Africa Darsus
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		03 DEC 29 AM 9: 23		
MORM	Alphonso Dorsey 86 MT ZION CHURCO	SLUNCIARY OF STATE FALLAHASSEE, FLORID,		
	HALADA, FL 3233	33		
*# ·	·			
				
				

(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.)

ALPHONSD DORSEY
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)