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## TRANSMITTAL LETTER

FILED SECRETARY OF STATE OVISION STEEPORATIONS

TO: Registration Section Division of Corporations

04 FEB 13 PM 4: 25

SUBJECT: Soumer Masoner LLC (Name of Limited Liability Company)			
(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:			
Mickey Bowman (Name of Person)			
Bowman MASONRY (Firm/Company)			
1609 W.LL Lee Rd. (Address)			
Bon: fay 72 32425 (City/State and Zip Code)			
For further information concerning this matter, please call:			
DIANNE Bowman at (\$'50) 547-5174 (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: ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

Mailing Address:

Same Same Same

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

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

Mickey Bournau
Name

1609 W. II Lee Rd

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

City State and Zin

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

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 Manager. The name and address of each Manager	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address: 04 FEB 13 PM 4: 25
Marghammarm	Mickey Bowman 1609 Will Lee Rd Bowifay 74 32425
mgrm_	DiAnne Bowman 1609 W.11 Lee Rd Bonifay 74 32425
Marm	7 RANK BEASLEY 1751 Hwy 177A BONGRAY 74 32425
(Use attachment if necessary)	<u>-</u>
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.

Filing Fees:

(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

\$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)