## L04000021245

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| /A a                    | ldress)            | <del></del> |
| (Ac                     | idress)            |             |
| (Ad                     | dress)             |             |
| Ų                       |                    |             |
| (Cit                    | ty/State/Zip/Phone | #)          |
| PICK-UP                 | WAIT               | MAIL        |
| (Business Entity Name)  |                    |             |
| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | of Status   |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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|                         | Office Use Only    | y           |



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## TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations  |        |
|--|--------|
| SUBJECT: HANDY MASON BY U.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:                  |        |
| Quintin Allen  |        |
| HANDY MAJORRY W.C.   |        |
| 2042 SPRUCE RO.  |        |
| Winter Haven, Fl 33880-5113  |        |
| For further information concerning this matter, please call:                               |        |
| Jeanie Allen ai (763), 298-9850<br>(Name of Person) (Area Code & Daytime Telephone Number) | 04 MAR |
| (Name of Person) (Area Code & Daytime Telephone Number)                                    |        |

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

MATLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 - Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 9, 2004

QUINTIN ALLEN HANDY MASONRY L.L.C. 2042 SPRUCE RD. WINTER HAVEN, FL 33880-5113

SUBJECT: HANDY MASONRY L.L.C.

Ref. Number: W04000009434

We have received your document for HANDY MASONRY L.L.C. and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 204A00015615

O4 MAR 19 AM 11: 36

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Li  | imited Liability Company is:                     |                                    |  |  |  |
|---|--|------------------------------------|--|--|--|
| HADD  | y Masonay U                                      | <u>C.</u>                          |  |  |  |
| ARTICLE II - Ad<br>The mailing address  | dress:<br>as and street address of the principa  | al office of the Limited Liability | Company is:                                    |  |  |
| Principal Office A  | ddress:  | Mailing Address;                   |  |  |  |
| 2042 SP   |  | Hanny Masonay                      | L.L.C.   |  |  |
| Winter Ho   | wen, FC33880-5113                                | 2042 SPRULERS                      | <u>,                                      </u> |  |  |
|   |  | Winter Haven, CL                   |  |  |  |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: |  |                                    |  |  |  |
|   | Quintin A  | llen                               | OL MAR   |  |  |
|   | ZOUZ SPRUL<br>Florida street address (P.O. Box I |                                    | 19 AM  |  |  |
|   | Winter Haven F<br>City, State, and Zip           | LORIDA 33880-5113                  | 11: 36   |  |  |

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...

Page 1 of 2 (CONTINUED)

| Title: "MGR" = Manager        | Name and Address:  |
|-------------------------------|--|
| "MGRM" = Managing Member      | <b>6</b>   |
| MGK                           | Christin Allen<br>2042 Spruce Re.<br>Winter Haven, FL 33880-51/3 |
| MGRM                          | Jeanie Allen<br>2042 Stry 15 RD.<br>Winter Haven, EL33880-1113   |
| MGRM                          | Dusten Gann<br>Zouz Spring Rc.<br>Winter Haven, 1133880-513      |
|                               |  |
| (Use attachment if necessary) |  |

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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.)

Ouintin Allen
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)

Page 2 of 2

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