

L04000077115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

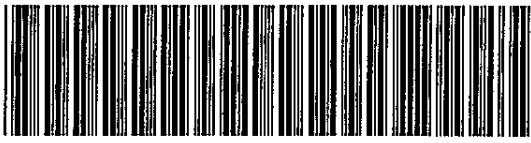
(Business Entity Name)

(Document Number)

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SEC. OF STATE
TALLAHASSEE, FLORIDA

W 10/25/04

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BETHEL BUILDING AND REMODELING, 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:

DON CLAYTON

(Name of Person)

BETHEL BUILDING AND REMODELING, LLC

(Firm/Company)

P.O. BOX 4559

(Address)

MILTON, FL 32570

(City/State and Zip Code)

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W04-38072

For further information concerning this matter, please call:

DON CLAYTON

(Name of Person)

at (850) 698-3306

(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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 15, 2004

DON CLAYTON
BETHEL BUILDING & REMODELING, LLC
P.O. BOX 4559
MILTON, FL 32570

SUBJECT: BETHEL BUILDING & REMODELING, LLC
Ref. Number: W04000038072

We have received your document for BETHEL BUILDING & REMODELING, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with 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: 504A00059517

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
BETHEL BUILDING & REMODELING, LLC

ARTICLE II - Address:

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

Principal Office Address:

P.O. BOX 4559 4135 Scooter Lane
MILTON, FL 32570 32583

Mailing Address:

P.O. BOX 4559
MILTON, FL 32570

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

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

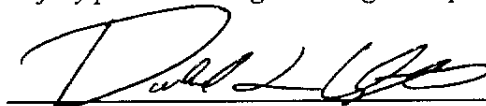
DON CLAYTON
Name

P.O. BOX 4559 4135 Scooter Lane
Florida street address (P.O. Box is acceptable)

MILTON FL 32570 32583
City, State, and Zip

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STATE
TALLAHASSEE, FLORIDA

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..


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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

DON CLAYTON

~~P.O. BOX 4559~~ 4135 Scooter Lane

MILTON, FL ~~32570~~ 32583

(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.)

DON CLAYTON

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)