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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BETHEL BUILDING AND	REMODELING, LLC	
(Name of L	imited Liability Company)	_
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	五台 早
		E B T
DON CLAYTON		F
(Name of Person)		
BETHEL BUILDING AND REMODELI	ING, LLC	DCT 19 M 10: 54
(Firm/Company)		SA F
P.O. BOX 4559		
(Address)		
MILTON, FL 32570		16077
(City/State and Zip Code)		W04-38072
For further information concerning this matter, plea	ase call:	
DON CLAYTON	at (850) 698-3306	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

Tallahassee, Florida 32399



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 calc (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 504A00059517

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Å	RT	TC	LF.	I.	- N	ame	
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The name of the Limited Liability Company is: BETHEL BUILDING & REMODELING, LLC

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

P.O. BOX 4559 4	135 Scooter	Lane	P.O. BOX 4559			
MILTON, FL 32570			MILTON, FL 32570			_
ARTICLE III - Re	egistered Agent, Re	egistered Office.	& Registered Agent's Sign	nature:		
	.		-	SETAL	40	
The name and the I	Florida street address	s of the registered	d agent are:	LAL	007	
	DON CLAYTON			5		_11
		Name		ASSEE	9	
	P .O. BOX 455 9	4135 Sc	ooter Lane	<u></u>	<u> </u>	Ö
	Florida street ac	dress (LO. F	and the same of th	_0 <u>5</u>	0: 55	
	MILTON	FL 32	570 32583	II.E.	55	
	Ci	ity, 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..

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:

<u>Title:</u> "MGR" = Manag "MGRM" = Manag		Name and Address:		
MGRM	_	DON CLAYTON P.O. BOX 4559 4135 Scoot ar MILTON, FL-02570 32583	Zane	
	_		SE SE	0,
(Use attachment i	• ,		Cine Lasse	007 1-9
NOTE: An addi REQUIRED SIG		added if an effective date is requested.	FLORIDA	
	ŭ	r an authorized representative of a member.		
		n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury are true.)		
	DON CLAYTON			
	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)