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2004 OCT 21 P 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

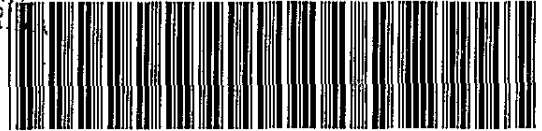
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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

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SUBJECT: SCOTT ELROD
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

SCOTT ELROD
(Name of Person)

SCOTT ELROD
(Firm/Company)

4645 N.E. 159TH PLACE
(Address)

CITRA, FLA. 32113
(City/State and Zip Code)

For further information concerning this matter, please call:

SCOTT ELROD at (352) 595-2986
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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SCOTT ELROD I. L. C.

SECRETARY 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:

4645 N.E. 159TH PLACE
CITRA, FLORIDA
32113

Mailing Address:

4645 N.E. 159TH PLACE
CITRA, FLORIDA
32113

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

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

SCOTT ELROD
Name
4645 N.E. 159TH PLACE
Florida street address (P.O. Box NOT acceptable)
CITRA FL 32113
City, State, and Zip

MARION CO.
OCCUPATIONAL & C.
DRYWALL / LATHING
SPECIALTY CONT.
10-20-04 -
ACC. NO. 760-086329

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.

Wilton S. Elrod
Registered Agent's Signature

(CONTINUED)



CAROL I. POWELL
MY COMMISSION # DD 212141
EXPIRES: August 18, 2007
Bonded Thru Budget Notary Services

Carol I. Powell
10/20/2004

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

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MGR.

SCOTT ELROD SECRETARY OF STATE
4645 NE. 159TH PLACE TALLAHASSEE, FLORIDA
CITRA, FLA. 32113

MGRM
Keith Clark

Keith Clark
1579 NE. 349 Hwy.
Old Town FL. 32680

MGRM.

Timothy Anne Woodard
10313 NE 67th St.
Bronson FL 32621

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Wilton S. Elrod

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.)

WILTON S. ELROD

Typed or printed name of signee


CAROL L. POWELL
MY COMMISSION # DD 212141
EXPIRES: August 16, 2007
Bonded Thru Budget Notary Services
C01012 POWELL
10/20/2004

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)