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Certified Copies	Certificates	of Status	
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SEGNILLE E STATE
FALLAHASSEE, FLORIDA



## TRANSMITTAL LETTER

TO: Registration Se Division of Con		-			•
SUBJECT: Anderson	Building Resources, LLC (Name of Limite	ed Liability Comp	any)		_
The enclosed Articles of	f Organization and fee(s) are s	submitted for filin	g.		
Please return all correspondent	ondence concerning this matte	er to the following	g:		
David Sa	ul Anderson				
		Name of Person)	· ···=-		- 0
					F(C) +
					DCT 26 PM 12: 47
Anderson Building R					\$ 7 F
	(	(Firm/Company)			SKI OF I
					平 星
7625 Altus E	Drive				6 5 5 5 S
		(Address)			哥哥马
Jacks	onville, FL 32277				
	(City	/State and Zip Code	:)		
For further information of	concerning this matter, please	call:			
David S. Anderson		at (_904_	707-9703		
(Name	of Person)		e & Daytime Te	lephone Number)	*
Enclosed is a check for	r the following amount:			,	
<b>7</b> \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 F		S160.00 Filing	
-		(additional copy	is enclosed)	Certified Copy (additional copy is en	closed)
	ET ADDRESS: ration Section		MAILING ADDRESS:		
	on of Corporations		Registration Section Division of Corporations		
409 E.	Gaines Street		P.O. Box 6327		
Tallaha	assee, Florida 32399		Tallahassee, Florida 32314		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Anderson Building Resources, LLC	
ARTICLE II - Address:	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7625 Altus Drive, Jacksonville, FL 32277  ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	E F
David S. Anderson	
Name	
7625 Altus Drive	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Jacksonville 32277  City, State, a	FL nd 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)

Page 1 of 2

## 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" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	David S. Anderson 7625 Altus Drive Jacksonville, FL 32277	• - ·
	ALC: NAME OF THE PARTY OF THE P	04 BT
(Use attachment if necessary)  NOTE: An additional article must b  REQUIRED SIGNATURE:	oe added if an effective date is requested.	FILED OCT 26 PM 12: 47
ADJUMENT STORMS	<i>&gt;</i> '	1

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.)

AVID S. HNDERSON Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)