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(Business Entity Name)
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TRANSMITTAL LETTER

Registration Section
Division of Corporations

TO:

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The enclosed Ar	ticles of Organization and fee(s)	are submitted for filir	ıg.				
Please return all	correspondence concerning this	matter to the following	g:				
Jerry (Ceasy / Antho	ny Hills		·			
JEA	Masonry (Firm/Company)		-				
139 Perry	(Address)						
Havana,	F1. 3.3333 (City/State and Zip Code	е)	_				
For further inform	nation concerning this matter, p	lease call:					
Jerry	(Name of Person)	at (850 (Area Code &) <u>321- (</u> È Daytime Tel	ODX3 ephone Number)			
Enclosed is a check for	the following amount:				 		
☑ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Copy (additional copy is		\$160.00 Filing Certificate of S Certified Copy (additional copy is	tatus &)4 OCT 29	FILED
Registra Divisior 409 E. C	T ADDRESS: tion Section t of Corporations Gaines Street tsee, Florida 32399		Registration Division of P.O. Box 63	Corporations	FSTATE	PH 1: 59	J

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
JEA JEA Masonry LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
Anthony Hills Jerry Cosor 2444 Classic Allen LN 139 Perry LN Tall, Fl. 32311 Havana, Fl. 3233
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Jerry Ceasor Name
139 Perry LN Florida street address (P.O. Box <u>NOT</u> acceptable)
Havana FL 32333 City, 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 Registered Agent's Signature

(CONTINUED)

<u>tle:</u> IGR" = Manager IGRM" = Managing Member	Name and Address:
MGRM	Jerry Cosor 139 Perry LN Havana F1. 32333
GRM	Anthony Hills. 2444 Classic Allen Las Tall. Fl. 32311

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.)

Typed or printed name of signee

<u>Filing Fees:</u> \$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)