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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration S Division of Co					
SUBJECT:	PRO BUILT	HOMES	LLC		
		f Limited Liabili			
The anglesed Articles o	of Organization and fee(s)	ana auhmittad G	£11:		
	- ''		· ·		
Please return all corresp	condence concerning this	matter to the fol	lowing:		
/	Parme				
(JEORGE	(Name of Person)		· · · · · · · · · · · · · · · · · · ·		
	(Name of Ferson)				
Dea Ruis	HOMES L	.८८			
TAU DOICE	(Firm/Company)	·			
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2910 KERR	Y FOREST PK	CWY DA-1	28		E SE
	(Address)				SECKETARY OF STATE ALLAHASSEE, FLORID
		34400			KRY SSE
[ALLAHASS	(City/State and Zip Code	32309			CF STAT
	(City/State and Zip Code	c)			STA:
For further information	concerning this matter, pl	lease call:			TE IDA
J. SHANNON		at (85)	52	8-2828	
(Name	of Person)	(Area (Code & Daytime Tel	ephone Number)	
sed is a check for the fol	flowing amount:				
	•		lina Ess & 🗇	\$160.00 Eiling Eas	
•	130.00 Filing Fee & Certificate of Status	S155.00 Fi Certified C (additional c	=	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
STREET ADD				ADDRESS:	
Registration Se Division of Cor	porations	Registration Section Division of Corporations			
409 E. Gaines S	Street	P.O. Box 6327			

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRO BUILT HOMES 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:

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

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

Name

2910 KERRY FOREST PKWY D4-128

Florida street address (P.O. Box NOT acceptable)

7ALLAHASSEE FL 32309

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..

(CONTINUED)

(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.)

ped or printed name of signee

corge n

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)

Page 2 of 2

TAIL OF TARY OF STATE

FILED