(Requestor's Name)  (Address)	SECRETANIASSEE, FLO
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	11/19/0401050
Certified Copies Certificates of Status  Special Instructions to Filing Officer:	TALLS TO THE TALL THE

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### TRANSMITTAL LETTER

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TO:

Registration Section

Division of Corporations

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SECRETARY OF STATE TALL ANASSEE, FLORIDA

SEMINOLE STUCCO REPAIR, LIC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

PAUL A. POSEY & CO., P.A.

(Firm/Company)

2080 DELTA WAY

(Address)

TALLAHASSEE, FL 32303

(City/State and Zip Code)

For further information concerning this matter, please call:

at ( 850 ) 386-4443 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED

TALLAHASSEE, FLORIDA ARTICLE I - Name: The name of the Limited Liability Company is: SEMINOLE STUCCO REPAIR, 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: 1488 GRAM LANE 1488 GRAM LANE TALLAHASSEE, FL 32310 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

KENNETH R REED Name 1488 GRAM LANE Florida street address (P.O. Box NOT acceptable) TALLAHASSEE 32310 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)

ARTICLE IV- Manager(s) or Managi						
The name and address of each Manager	or Managing Member is as fol	lows:	F	ILE	D	
<u>Title:</u> "MGR" = Manager	Name and Address:	04	NOV			2:49
"MGRM" = Managing Member		SE(	CRET	LRY (	JF_S	TATE
MGRM	KENNETH R REED	TAL	LAHA	,SSE	:, ۲L -	ORIDA
	1488 GRAM LANE			<u>.                                    </u>	_	
	TALLAHASSEE, FL 3231	Ω			-	
MGR M	NEIL SHAWN TURLINGTON 1488 GRAM LANE	N			-	
	TALLAHASSEE, FL 32310					
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(Use attachment if necessary) SEE EXI	HIBIT A FOR OWNERSHIP P	ERCE	NTAGI	3		
NOTE: An additional article must be	added if an effective date is	requ	ested.			
REQUIRED SIGNATURE:		-				
De Re	10			_		
Signature of a member of	r an authorized representative of a	a mem	ber.			
(In accordance with section of this document constitute that the facts stated here	n 608.408(3), Florida Statutes, the exes an affirmation under the penalties in are true.)	xecution of per	on jury			
KENNETH R. REE						
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)

**EXHIBIT A** 

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## SEMINOLE STUCCO REPAIR, LLC SCHEDULE OF MEMBERS, CAPITAL CONTRIBUTIONS SECRETARY OF STATE AND PERCENTAGE INTEREST TALLAHASSEE, FLORIDA

Member Name	Address	Initial Capital Contribution	Membership Interest
Kenneth R. Reed	1488 Gram Lane Tallahassee, FL 32310	\$70	Seventy Percent
Neil Shawn Turlington	1488 Gram Lane Tallahassee, FL 32310	\$3 <u>0</u>	Thirty Percent