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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	Ī
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TRANSMITTAL LETTER

	ation Section n of Corporations		
SUBJECT:	Byld Mason (Name of L	imited Liability Company)	
The enclosed Ar	ticles of Organization and fee(s) ar	e submitted for filing.	
Please return all	correspondence concerning this ma	atter to the following:	
Micha	(Name of Person)		
	(Firm/Company)		•
265	73 9 Richard V	24	
Tallaha	SEE FL 323/ (City/State and Zip Code)	10	*
For further inform	nation concerning this matter, pleas	se call:	
		at (850) 284	1-3405
	(Name of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check for	the following amount:		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & ☐ Certificate of Status	\$155.00 Filing Fee & G Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREE	T ADDRESS:	MAILING	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Registration Section
Division of Corporations

409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Byrd Masonry L. L.C.		····-
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabi	ility Company i	s:
Principal Office Address: Mailing Address: 265 Big F	Lichard	Rd
Tallahassee 1 323	7.	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S	ignature:	
The name and the Florida street address of the registered agent are: Michael Byro Name 265 Big Richaed Rd Florida street address (P.O. Box NOT acceptable) Tallahaese FL 72310 City, State, and Zip	05 FEB -4 AM 9: 33 SECRE JARY DI SIGNIDA TALLAHASSEE, FLORIDA	TIME

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)

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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	Name and Address:
"MGRM" = Managing Member	Michael Byrd 265 Big Richard Rd Tallahager FL 32310
<u></u>	
(Use attachment if necessary)	
NOTE: An additional article must REQUIRED SIGNATURE:	be added if an effective date is requested.
Signature of a meml	ber or an authorized representative of a member.
(In accordance with s	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
	Typed or printed name of signee Filing Fees:
	rung rees.

\$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)