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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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SECRETARY OF STATE AHASSEE, FLORIDA

# TRANSMITTAL LETTER

TO: Registered So Division of C	
SUBJECT:	Harold Lozier Masonry, LLC
The enclosed Article	es of Organization and fee(s) are submitted for filing as follows:
	Harold Lozier
	(Name of Person)
	(Tallo of Follow)
	Harold Lozier Masonry, LLC
	(Firm Company)
	• •
207 N. Hart Avenue	
(Address)	
	Avon Park, FL 33825
	(City, State, Zip Code)
For further informat	ion concerning this matter, please call:
Harold Lozier	at (863) 453-8862
(Name of	

### STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314

# MAILING ADDRESS

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32399

2005 JAN 27 PM 1:33

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Compa	any is:		
Harold Lozier Masonry, LLC			
ARTICLE II - Address:			
The mailing address and street address of is:	f the principal office of the Limited Liability Company		
Principal Office Address:	Mailing Address:		
207 N. Hart Avenue Avon Park, Florida 33825	207 N. Hart Avenue Avon Park, Florida 33825		
ARTICLE III - Registered Agent, Reg	istered Office, and Registered Agent Signature:		
Harold Lozier			
	Name		
207 N. Hart Avenue			
Avon Park, Florida 33825			
limited liability company at the place des appointment as registered agent. I furthe relating to the proper and complete perfo	and to accept service of process for the above stated signated in this certificate, I hereby accept the ser agree to comply with the provisions of all statilities formance of my duties, and I am familiar with and accept red agent as provided for in Chapter 608, Florida		

# **ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager of Managing Member is as follows:		
Title:	Name and Address;	
"MGR" = Manager "MGRM" = Managing Member		
Harold Lozier	207 N. Hart Avenue Avon Park, Florida 33825	
(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 author	1	
In accordance with section 608.40 of this document constitutes an afthat the facts stated herein are true	18(3), Florida Statutes the execution of permits of per	

Harold Lozier
Type or printed name of signee