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(Requestor's Name)	•
(Address)	-
(Address)	
(City/State/Zip/Phone #)	.
PICK-UP WAIT MAIL	
(Business Entity Name)	•
(Document Number)	•
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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TRANSMITTAL LETTER

TO:

TO: Registration Division of	Section Corporations		
SUBJECT:		asonry, LLC	
	(Name of Limite	d Liability Company)	
The enclosed Article	s of Organization and fee(s) are s	ubmitted for filing.	
Please return all corr	espondence concerning this matte	er to the following:	
		V. Nelson, Esquire	
	(Name of Person)	L.C. FEB
		on Law Firm, PLC	EB 11 A 8: 32 LAHASSE FLORIE
<u> </u>			
	(Firm/Company)	Es &
			32
	251 E. H	larrison Street, Ste. 300	
		(Address)	
	Tal	lahassee, FL 32301	
	(City	/State and Zip Code)	
For further informati	on concerning this matter, please	call:	
Andrea V. Nelson,	Fenuire	at (850) 224-	5700
	ame of Person)	at ()	time Telephone Number)
`			
Enclosed is a check	k for the following amount:		
□ \$125.00 Filing F	ee 2 \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fe Certified Copy (additional copy is enclose	Certificate of Status &
Re Di	REET ADDRESS: gistration Section vision of Corporations 9 E. Gaines Street	Registra	NG ADDRESS: ation Section of Corporations x 6327

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Lowery Masonry, LLC ARTICLE II - Address:					
Lowery Masonry, LLC					
ARTICLE II - Address: The mailing address and street address of the pri					
Principal Office Address:	Mailing Address:				
25 Concord Road Crawfordville, FL 32327	(same)				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:					
The name and the Florida street address of the re	egistered agent are:				
Roosevelt Le	owery				
Name	·				
25 Concor	25 Concord Road				
Florida street add	ress (P.O. Box NOT acceptable)				
Crawfordville,	ET 32327				
City, State, and Zip					
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S				

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Fitle:</u> "MGR" = Manag "MGRM" = Mana		Name and Address:
MGRM	<u> </u>	Roosevelt Lowery
		25 Concord Road
		Crawfordville, FL 32327
	 -	
		
(Use attachment i	if necessary)	
NOTE: An addi		added if an effective date is requested.
te QUITED SIC		
	Aware (Idle	
	Signature of a member or	an authorized representative of a member.
		608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)
	R	cosevelt Lowery
		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)