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SEUNG HANSSEE, FLORID

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DIVISIUR OF CHATGENION

J. BRYAM: JUL 2.5 2005

TRANSMITTAL LETTER

TO: Registration Se Division of Con			
SUBJECT: Gandy Ro	econstruction, Remodeling a	and Painting L.L.C	
		I Liability Company)	
			e
The enclosed Articles of	f Organization and fee(s) are su	abmitted for filing.	S JUL
Please return all corresp	ondence concerning this matte	r to the following:	05 JUL 25 PM 3: 39 TALLAHASSEE, FLORIDA
	Δ	drian Booker	Fig. 3
		Name of Person)	ين بي آ
	Ç	······································	OR! 39
	Elia Ba		O.
		eminence L.L.C	
	(1	Firm/Company)	
	1418 1	Nylic St, Unit #7	
		(Address)	
		(
	Tallah	assee, FL 32304	
		State and Zip Code)	
	(City)	State and Lip Code)	
For further information	concerning this matter, please	call:	
Adria	n Booker	at (850) 459-6999	
	of Person)	(Area Code & Daytime To	elephone Number)
\	,	`	•
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	□ \$160.00 Filing Fee, , ,
_ ,	Certificate of Status	Certified Copy	Certificate of Status & X
		(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
STRE	EET ADDRESS:	MAILING A	DDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	OS JIL 2			
Gandy Reconstruction, Remodeling, and Painting L.L.C.				
ARTICLE II - Address: The mailing address and street address of the pri	بن پن incipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
2889 W. Tharpe Unit D	1418 Nylic St Unit 7			
Tallahassee, FL 32303	Tallahassee, FL 32304			
The name and the Florida street address of the real Adrian Boo Name				
1418 Nylic St	1418 Nylic St. Unit 7			
Florida street address (P.O. Box NOT acceptable)				
Tallahassee	FL 32304			
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 a I further agree to comply with the provisions of all aformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S			
Dedrea Bake				
Registered Agent's Signature				

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

Name and Address:
Adrian Booker
1418 Nylic St. Unit 7
Tallahassee, FL 32304
Dameon Booker 1418 Nylic St. Unit 7
1418 Nylic St. Unit 7
Tallahassee, FL 32304
Niam Cato 1418 Nylic St. Unit 7
1418 Nylic St. Unit 7
Tallahaassee, FL 32304
Sarah Thompson
1418 Nylic St. Unit 7
Tallahassee, FL 32304

(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.)

Adrian Booker

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)