# L05000080104

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cin	y/State/Zip/Phone	a #0
(Cit)	yra laterzi pre nom	<del>e n)</del>
PICK-UP	<b></b> WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



500058236825

08/11/05--01052--001 \*\*130.00

SECRETARY OF STATE STATE OF CORPORATIONS

## TRANSMITTAL LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Custom A	chitectural Concepts, LLC (Name of Limited	Liability Company)	
The enclosed Articles of	Organization and fee(s) are sul	bmitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
Sedric Ma		ame of Person)	
	ĮN:	ame of Person)	
Custom Architectural			
	(F	irm/Company)	
3152 Little R	oad Suite 373		
		(Address)	
Trinity	, FL 34655		
-	(City/S	State and Zip Code)	
For further information of	concerning this matter, please o	eall:	
Sedric Mack		at ( 727 ) 453-8872	
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check fo	r 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)
	ET ADDRESS:	MAILING A Registration S	

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Custom Architectural Concepts, LLC		
ARTICLE II - Address: The mailing address and street address	ss of the principal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
3152 Little Road	3152 Little Road	
Suite 373	Suite 373	•
Trinity, FL 34655	Trinity, FL 34655	
The hame and me i for the effect bedsi	ess of the registered agent are:	o ₹,
Sedric Mack		OS AUG
Sedric Mack	ess of the registered agent are:  Name	OS AUG 11
Sedric Mack 3152 Little Road		SECRETARY OF ORFORF
Sedric Mack 3152 Little Road	Name	OS AUG 11 PH 2: 0
Sedric Mack  3152 Little Road  Flor	Name ida street address (P.O. Box <u>NOT</u> acceptable)	SECRETARY OF OR ATIONS OS AUG 11 PH 2: 07

(CONTINUED)

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Sedric Mack
	3152 Little Road, Suite 373
	Trinity, FL 34655
	-
	·
(Use attachment if necessary)	
NOTE: An additional article mu	st be added if an effective date is requested.
REOUIRED 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.)

Sedric Mack

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)