105000/18540

- CODY WILLIAM HAIR
- 20306 BRANDON RD - FOUNTAIN FL 32438
- 850 596 1258 LI PICK-UP LI WAIT LI MAIL
(Business Entity Name)
(Document Number)
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12/07/05 -- 010 (5---120) ** (40, 10)

SECRETARY OF STATE DIVISION OF CORFORATION:



COVER LETTER

TO: Registration Se Division of Co				
SUBJECT: Lor	Sa nie	sle stadding (Listility Company)	LLC	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matter.	Ham Hain Name of Person)		
203	06 Brans	(Firm/Company)	56	DIVISIO
Foun	tain F. Y.	(Address) State and Zip Code)		H OF CORPORATION
For further information	concerning this matter, please	call:	r c	SATIO™
(Name	of Person)	at (850) 596 (Area Code & Daytime Te	-1258 dephone Number)	
Enclosed is a check for	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 Fe Certificate of Status & Certified Copy (additional copy is enclosed)	&
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	15	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
20306 Branden Red. Fountain F.S.	20306 Brander R.d. Fountain F.J.
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
WES'S VINYL S	SIANU/G LLC DEC -7
20306 BRAUDOA Florida street add	ress (P.O. Box NOT acceptable)
Tocytaw City, State, a	FL 32438 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
liability company at the place designated in to registered agent and agree to act in this capacity statutes relating to the proper and complete pe	Vaccept 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
1	

(CONTINUED)
Page 1 of 2

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGR	Lody Haine 2030 6 Branden R.d. Fountain F. 5, 32438
Use attachment if necessary)	
EV: Effective date, if other than ective date is listed, the date mu	n the date of filing: (OPTIO ast be specific and cannot be more than five business of
ective date is listed, the date mulays after the date of filing.) REQUIRED SIGNATURE:	

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)

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