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PICK-UP WAIT MAIL				
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(Business Entity Name)				
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Certified Copies Certificates of Status				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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LEEECTIVE WAIL

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bentley Waterproofing & Coating, LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Hampstead Bentley ir. (Name of Person)	-
Bentley Nater proofing 3 Coating, uc	-
3871 Indian Trail Suite 9-D1 3	.J.J
Destry, R. 328211 FM = (City/State and Zip Code)	
(Address) Destry, R. 32841 (City/State and Zip Code) For further information concerning this matter, please call:	
Hampstrad Bentley Ir at (860) 837-1440 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\bigcup \\$160.00 Filing Fee, 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 Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability C	Company is:			
(Must end with the words "Limited Liability Co	Water proo- ompany, "Limited Company"	for their abbreviation "LLC,"		. •
ARTICLE II - Address: The mailing address and street address	ess of the principal of	Tice of the Limited Lia	ability Company	′ is:
Principal Office Address:	Mailing	g Address:		
ARTICLE III - Registered Agent, (The Limited Liability Company cannot serve a business entity with an active Florida registration of the name and the Florida street add the florida st	Registered Office, 6 s its own Registered Agent.	You must designate an individ	2006 JAN - L PM 12: 40 SECRETARIA MOTHER STATE TALLAMAS SIGNED, FLORID,	
	ndian Ira.) orida street address (P.O.) FL City, State, and Zip	Suite 9-0 Box NOT acceptable)		
	- -			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

4-1-010-

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Hampstead Bentley Jr. 3871 Indian Trail Suite 9-0 Destin, fr. 325-11
·	
· · · · · · · · · · · · · · · · · · ·	
 	Z006 JA
(Use attachment if necessary)	ASSEE.
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spet to or 90 days after the date of filing.)	ecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member.

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)

that the facts stated herein are true.)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Hanipotead Bentley
Typed or printed name of signee