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SECRETARY OF STATE
TALLAHASSEE F. TORIDA TORING

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: FER	guson's Restor	eation and R	efinishing
•	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
WEILTHAM	t. Fengus	saul	
·	0	Name of Person)	
Fenguson	Us Restorati	on And Ref.	inishing
•	· (Firm/Company)	
6920 5	E 183 WPL		
		(Address)	· · · · · · · · · · · · · · · · · · ·
Micano	ry , F1 356 (City)	67	
	(City)	State and Zip Code)	
For further information	concerning this matter, please	call:	₽
Westram L. F.	EACOSON	at (352) 466- (Area Code & Daytime Te	490 AR S
(Name	of Person)	(Area Code & Daytime Te	elephone Number
Enclosed is a check fo	or the following amount:		SEE, F
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.09 Filing. Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	<u> </u>

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Fregusons Restorat	ion and Refinishing LLC
(Must end with the words "Limited Liability Con	npany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street addre	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Frincipal Office Address:	Waning Address:
6920 S.E KB3 PL Miconopy F1 32667	17605 S.E CO 20 28 5 8 8 8
Micanopy F1 32667	micmop, F1 32667 = =
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another.
The name and the Florida street address of	. Funguson
17405. SE. CO	Name PD 234 et address (P.O. Box NOT acceptable)
Micanopy City, S	500,07

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

ARTICLE IV- Manager(s) or Managi The name and address of each Manager	
Title: "MGR" = Manager "MGRM" = Managing Member Managing Member	Name and Address: Wallam L. Tengusow 17405 SE. CO RD 284 Micmopy fl 32667
 .	IALLAN
(Use attachment if necessary) ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sy to or 90 days after the date of filing.)	ee of filing: pecific and cannot be more than five business days prior
(In accordance with section of this document constitute that the facts stated here	an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.) FERGUSON. or printed name of signée

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)