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COVER LETTER

TO: Registration Sec Division of Cor			•
SUBJECT:	Phinney Mason M	Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Richard Shame	Phinney Say	,
	(1)	Name of Person)	14
Phinney Masony LLC (Find/Company)			
(Firm/Company)			
	55 Dusty Hour	aton house	
(Address)			
Quincy FL 32351 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Sha		. CTA . TUE -	- 14 mi
(Name	of Person)	at (<u>850</u>) <u>545</u> - (Area Code & Daytime Te	lephone Number)
	or the following amount:		
] \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	s160.00 Filing Fee, 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	ns

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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 pri	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
Phrnous Masonny LLC. 55 Odsty Hunter Lane Querney FL 32351	Same		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another		
The name and the Florida street address of the re	gistered agent are:		
Richard Shares	- thering Sr.		
55 Party Hunter Florida street addi	ress (P.O. Box NOT acceptable)		
	FL		
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	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.		

(CONTINUED)
Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager Name and Address: "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

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

Typed or printed name of signee