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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
<u> </u>		
Special Instructions to	Filing Officer:	

Office Use Only

Christine Connergente
AUTHORIZATION BY PHONE TO
CORRECT RA to be Christine
DATE 09 210 106 @ 1147pm
COC. EXAM. Drug



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DIVISION OF CORPORATIONS

OF SEP 25 PM 3: 22

3. BRYAN SEP 2.6 2006

COVER LETTER

TO:	Registration Sec Division of Cor			
~~~~		C & T Masonr	y, LLC	
SUBJI	ECT:	(Name of Limited	Liability Company)	<u> </u>
				6 St
The en	closed Articles of	Organization and fee(s) are su	bmitted for filing.	52°
Please	return all correspo	ondence concerning this matter	r to the following:	3
		Christine Co		OF SEP 25 PM 3
		(1	Name of Person)	
		Cementuous M	asonry	
		0	Firm/Company)	
		85029 Holbro	ok Avenue	
			(Address)	<del></del>
		Yulee, FL	32097-4690	
		(City/	State and Zip Code)	
For fur	ther information of	concerning this matter, please	call:	
C:	hristine C	onnery	at ( 904 ) 225-91	63
	(Name	of Person)	at (	elephone Number)
Enclos	sed is a check fo	r the following amount:		W.
<b>5</b> \$12:	5.00 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)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	OS SEP 25 THE BOOK OF CORRESPONDED TO THE BOOK OF CORRESPO
C & T Masonry, LLC	25 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
(Must end with the words "Limited Liability Company, "Limited	d 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:
85029 Holbrook Avenue Yulee, FL 32097-4690	85029 Holbrook Avenue Yulee, FL 32097-4690
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the recommendation of the recommendat	ered Agent. You must designate an individual or another  EFFECTIVE DATE  LOCATION  COLUMN  COL
Name	
85029 Holbrook	Avenue
Florida street add	ress (P.O. Box NOT acceptable)
Yulee	FL 32097-4690
City, State, a	nd Zip
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	nccept 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 reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S.

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u> Title:</u>	nager or Managing Member is as follows:  Name and Address:
'MGR" = Manager	
"MGRM" = Managing Member	
MGR	Mr. Ted Richardson
	32435 Fern Parke Way
	Fernandina Beach, FL 3203
MGR	Ms. Christine Connery
	85029 Holbrook Avenue
	Yulee, FL 32097-4690
(Use attachment if necessary)	
,	he date of filing: 10/01/2006 (OPTIO
LE V: Effective date, if other than t	the date of filing: $\frac{10/01/2006}{}$ (OPTIO) to be specific and cannot be more than five business of
LE V: Effective date, if other than t	he date of filing: 10/01/2006 (OPTIO) be specific and cannot be more than five business of
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LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than the specific and cannot be specific and cannot be more than the specific and cannot be specifically and cannot be specific and cannot be specifically and cannot be specific and cannot be specific and cannot be specific and
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business of

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

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)