

L060000095655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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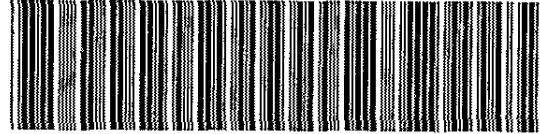
(Business Entity Name)

(Document Number)

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06 SEP 28 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

Date: Sept 27, 2006

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

Re: NATURE COAST GRANITE, LLC
Name of Limited Liability Company

Gentlemen:

Enclosed please find the original and one copy of the Articles of Organization.

The payment represents the fees for filing.

Please send all correspondence concerning this matter to the address below. Thank you.

Very truly yours,


Paul Gerry

MAILING ADDRESS

~~6252 Commercial Way~~
Weeki Wachee, FL 34613
(352) 585-7816

PO Box 204 (pg)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1- Name:

The name of the Limited Liability Company is:

NATURE COAST GRANITE, LLC

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principle Office Address:

**6252 Commercial Way
Weeki Wachee, FL 34613**

Mailing Address:

**PO Box 204
Weeki Wachee, FL 34613**

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**Paul Gerry
15002 Hummingbird Road
Brooksville, FL 34614**

Having been named as registered agent and to accept service of process for the above state 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

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV – Manager(s) and Managing Member(s):

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

Title:

Name and Address:

“MGR” – Manager

“MGRM” – Managing Member

MGRM

**Paul Gerry
15002 Hummingbird Road
Brooksville, FL 34614**

MGRM

**John Almberg
6121 Wooden Street
New Port Richey, FL 34653**

Note: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Paul Gerry
Name of signee

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)