

(Red	questor's Name)	
(Add	dress)	
· (Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Tiling Officer	
Special instructions to r	ining Officer.	

Office Use Only



400082827134

01/02/07--01041--016 **130.00

SECRETARY OF STATE OIVISION OF CORPORATIONS

小 Tank Barriers **

COVER LETTER

SUBJECT:	Integrity I	Builders, LLC	
	(Name of Limited	d Liability Company)	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Edwar	rd H. Foster, Jr.	
		Name of Person)	
	- (Firm/Company)	
	4103	SE 8th Street	
		(Address)	OT JAN 72
	Ocal	a, Fl 34471	E E
	(City	/State and Zip Code)	7
For further information	concerning this matter, please	call:	=
	ter Jr	at (352) 629-9881	(
Edward H Fos	.01, 01	all 000 1 000.	
Edward H. Fos	of Person)	(Area Code & Daytime Telephone Num	nber)
(Name	·		iber)
(Name	of Person) or the following amount: \$\sumsymbol{\sum}\simsymbol{\sim}\simsymbol{\sim}\sim}\simsymbol{\sim}\sim\sims\sim}\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim	(Area Code & Daytime Telephone Num \$155.00 Filing Fee & \$160.0 Certified Copy Certificat (additional copy is enclosed) Certified	00 Filing Fee, e of Status &

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	ompany is:	
	Builders, 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 Liabilit	ty Company is:
Principal Office Address:	Mailing Address:	
4103 SE 8th Street	4103 SE 8th Street	
Ocala, FI 34471	Ocala, Fl 34471	
The name and the Florida street addr		SECRETARY OF STATIONS DIVISION OF CORPORATIONS O7 JAN -2 PM 3: 49
	Name	PARP SPORT
410	03 SE 8th Street	3: E
Flor	ida street address (P.O. Box NOT acceptable)	98.
C	Ocala FL 34471 City, State, and Zip	
liability company at the place des registered agent and agree to act in t statutes relating to the proper and o accept the obligations of my posit	gent and to accept service of process for the above ignated in this certificate, I hereby accept the applicate in this certificate, I hereby accept the application in the process of the complete performance of my duties, and I am familian as registered agent as provided for in Chapter (REOURED)	pointment as provisions of all niliar with and

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Mana "MGRM" = Ma	iger inaging Member	Name and Address:	
MGR		Edward H. Foster, Jr. 4103 SE 8th Street Ocala, FI 34471	
N/A			
N/A			07 JÁN
N/A			-2 PH 3:
			•-
(Use attachmen	t if necessary)	· · · · · · · · · · · · · · · · · · ·	_ : •
CLE V: Effective	e date, if other than thisted, the date must late of filing.)	he date of filing: (OP) be specific and cannot be more than five busine the best of a member of a member.	TIONAL)
CLE V: Effective effective date is li	e date, if other than the isted, the date must late of filing.) IGNATURE: Signature of a mem (In accordance with secondary)	be specific and cannot be more than five businesses before an authorized representative of a member. section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury	TIONAL)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)