

607000068392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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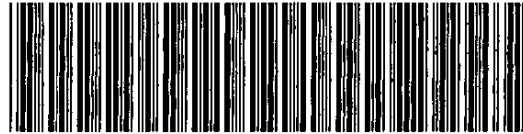
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 2 2007

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COVER LETTER

6/14/07

**TO: Registration Section
Division of Corporations**

SUBJECT: HARDROCK MASONRY, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STANLEY ROSENBERG, REGISTERED AGENT

785 N. Phelps Ave.
Winter Park, FL 32789

For further information concerning this matter, please call:

STANLEY ROSENBERG
at (407) 677 6690
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

~~X~~ \$125.00 Filing Fee ~~X~~ \$130.00 Filing Fee & .. \$155.00 Filing Fee & .. \$160.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status &
(additional copy is enclosed) Certified Copy
(additional copy is enclosed)

Mailing Address Street/Courier Address
Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HARDROCK MASONRY, LLC

(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 principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3008 Yorkshire Dr.,
Deltona, FL 32738

Same

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

STANLEY ROSENBERG, JD

Name

785 N. PHELPS AVENUE

Florida street address (P.O. Box NOT acceptable)

WINTER PARK, FL 32789

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

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

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

Title: Name and Address:

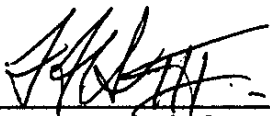
**THOMAS FULLER SHIELDS, Mgr
3008 Yorkshire Dr.
Deltona, FL 32738**

**Henry Hill, Mgr
1510 Bavon Dr.
DELTONA, FL 32725**

ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL)

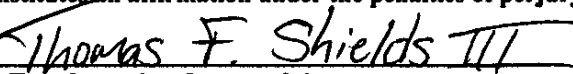
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.)



Typed or printed name of signee

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