

L08000026865

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000066468 3)))



H080000664683ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

FILED
08 MAR 14 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

08 MAR 14 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CLASSIC STUCCO & STONE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

N. Culligan MAR 17 2008

4-08000066468-3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLASSIC STUCCO & STONE, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

3148 ROCKHILL ROAD
DEFUNIAK SPRINGS, FLORIDA 32435

Mailing Address:

3148 ROCKHILL ROAD
DEFUNIAK SPRINGS, FLORIDA 32435

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:

ALICE R CARPENTER

Name

3148 ROCKHILL ROAD

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

DEFUNIAK SPRINGS FL 32435

City, State, and Zip

FILED
08 MAR 14 AM 8:03
SECRETARY OF STATE
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..

Alice R Carpenter
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H. 080000664683

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

WILLIAM FERLON CARPENTER

3148 ROCKHILL ROAD

DEFUNIAK SPRINGS, FLORIDA 32435

(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:

William Ferlon Carpenter

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.)

William Ferlon Carpenter

Typed or printed name of signer

FILED
08 MAR 14 AM 8:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA