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DESIGNATIONS

B. KOHR
DEC 1 0 2008

**EXAMINER** 



## **COVER LETTER**

TO:	Registration Division of C				
SUBJI	ECT: LEMA	CKS FRAMING L	LC		
		(Name of Limi	ted Liability Comp	pany)	
The en	closed Articles	of Organization and fee(s) are	submitted for filin	ng.	2
Please	return all corres	pondence concerning this mat	ter to the following	ig:	ADES
	RON BEN	NFIELD			ف
			(Name of Person)	Trans.	<u>।</u> इ.
			(Firm/Company)		
	58 SIOUX	( CIRCLE			7
	<del></del>	· · · · · · · · · · · · · · · · · · ·	(Address)	<i>b</i>	
	HAVANA	, FL 32333			
		(Ci	y/State and Zip Cod	le)	
For fur	ther information	concerning this matter, pleas	e call:		
RON	N BENFIE	LD	at ( 850	, 539-5171	
	(Nam	e of Person)	(Area Coo	de & Daytime Telephone Number)	
Enclos	sed is a check t	or the following amount:			
<b>]</b> \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	Opy Certificate of Status	
(		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Exc	Courier Address tion Section of Corporations Building ecutive Center Circle usee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Comp	pany is:		
LEMACKS FRAMING LLC			
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of	of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1506 A STONE RD	1506 A STONE RD		
TALLAHASSEE, FL 32303	TALLAHASSEE, FL 32303		
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another		
The name and the Florida street address	of the registered agent are:  D  Name		
RON BENFIEL	D 5 5 5		
	Name		
58 SIOUX CIR	w ¹ i		
Florida	street address (P.O. Box <u>NOT</u> acceptable)		
ΗΔ\/ΔΝΔ	32333 <del>S</del> C		

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(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:

MGRM	CHARLES MATHEW HARRIS
,	1506 A STONE RD
	TALLAHASSEE, FL 32303
MGRM	MARCUS WILLIAMS
	1506 A STONE RD
	TALLAHASSEE, FL 32303
<del></del>	
	Personal Parks and the second
Use attachment if necessary	<i>y</i> )
•	
<b>EV</b> : Effective date, if othe	r than the date of filing: (OPTION
	te must be specific and cannot be more than five business d
days after the date of filing	.)

**RON BENFIELD** 

that the facts stated herein are true.)

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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)