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S. HAWKES

JAN 1 4 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MAS. General Contracting 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:
Anthony M. Masciello (Name of Person)
M.A.S. General Contracting LLC. (Firm/Company)
1758 SE North Blackwell Dr.
Port St. Lucie, FL 34952 (City/State and Zip Code)
For further information concerning this matter, please call:
Anthony M. Masciello at (772) 201-8904 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 CST Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
MAS. General Contracting LLC. (Must end with the words "Limited Liability Company, "L.E.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: Mailing Address:
1758 SE North Blackwell DR 1758 SE North Blackwell DR. Port St. Lucie, FL 34952 Port St. Lucie, FL 34952
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

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

business entity with an active Florida registration.)

Anthony M. Masciello

Name

1758 SE North Blackwell DR.

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

Port St. Lucie, FL 34952

City, State, and Zip

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)
Page 1 of 2

"MGRM" = Managing Member MGRM Mary A. Masciello 1758' SE North Blackwell OR Port St. Lucie, FL 34952 Anthony M. Masciello 1758 SE North Blackwell OR Port St. Lucie, FL 34952 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL)	<u>Title:</u> "MGR" = Manager	Name and Address:
MGRM Anthony M. Masciello 1758 SF North Blackwell OR Anthony M. Masciello 1758 SF North Blackwell OR Port St. Lucie, FL 34952 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL)		
MGRM Anthony M. Masciello 1758 SE North Blackwell OR. Port St. Lucie, FL 34952 (Use attachment if necessary) (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL	MGRM	
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REQUIRED SIGNATURE:	CLE V: Effective date, if other that effective date is listed, the date multiple of the date of filing.)	
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Of the M. Marcille	CLE V: Effective date, if other that effective date is listed, the date me 0 days after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days M. Maciela
Signature of a member or an authorized representative of a member.	CLE V: Effective date, if other that effective date is listed, the date me do days after the date of filing.) REQUIRED SIGNATURE: Signature of a me	m. Maccidente more than five business days
Of the M. Marcille	CLE V: Effective date, if other that effective date is listed, the date me to days after the date of filing.) REQUIRED SIGNATURE: Signature of a me of this document	m. Maccidenter of a member. With section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)