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M. THOMAS

APR **- 8** 2009

**EXAMINER** 

## COVER LETTER

TO:

Registration Section

**Division of Corporations** Allrise Waterproofing and Restoration, 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: Helen Williams (Name of Person) Allrise Waterproofing and Restoration, LLC. (Firm/Company) 3450 Mallory Road (Address) Vernon, FLorida 32462 (City/State and Zip Code) For further information concerning this matter, please call: Helen Williams (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$125.00 Filing Fee \$\sum \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee. Certificate of Status Certificate of Status Certified Copy (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 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Allrise Waterproofing and Rest (Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the printing address and street addres	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3450 Mallory Road Vernon, Florida 32462	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration Mame  Address of the registration Mame  3450 Mallory Road Florida street address Vernon, Florida 32	gistered agent are:    Application
City, State, an	d Zip ORITE 2: 20
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(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:

"MGR" = Manager "MGRM" = Managing Membe	
"MGRM" = Managing Membe	
	<b>ा</b>
MGR	Williams Quality Stucco,Inc. Attn: Robert
	3450 Mallory Road
	Vernon, FLorida 32462
MGR	Robert Klemen Construction,Inc. Attn:Robert
	102 Colony Harbour Road
	Panama Clty Beach, Florida 32407
MGRM	Sherry Klemen
	102 Colony Harbour Road
	Panama City Beach, Florida 32407
MGRM	Helen Williams
	3450 Mallory Road
	Vernon, Florida 32462
LE V: Effective date, if other the	nan the date of filing: 04/01/2009 . (OPTIONAL)
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ffective date is listed, the date no days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a secondance of this document that the facts:	member or an authorized representative of a member.  with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)
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Page 2 of 2

of Registered Agent
\$ 30,00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)