L09000061268

_____
(Requestor's Name)

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(Address)

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(Address)

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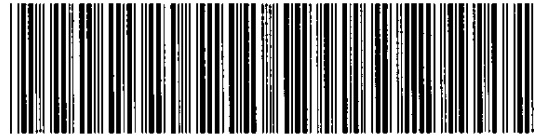(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

ACCOUNT NO.   :   I20000000195

REFERENCE   :   049300   4321592

AUTHORIZATION   :

COST LIMIT   : $25.00

ORDER DATE :   June 26, 2009

ORDER TIME :   9:29 AM

ORDER NO.   :   049300-005

CUSTOMER NO: 4321592

DOMESTIC AMENDMENT FILING

NAME: CONTINENTAL STUCCO PRODUCTS OF
FLORIDA, LLC

EFFECTIVE DATE:

XX____   ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____   PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER'S INITIALS: _____

ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:

Continental Stucco Products of Florida, LLC

SECOND: The articles of organization or the application to transact business
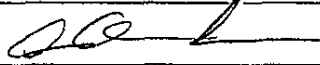
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

[✓] Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

3001 Old Winter Garden Road. (the address of the Manager) This incorrect due

a typing error. The corrected address is 2911 Old Winter Garden

Road Orlando Florida, 32805.

OR

[ ] Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
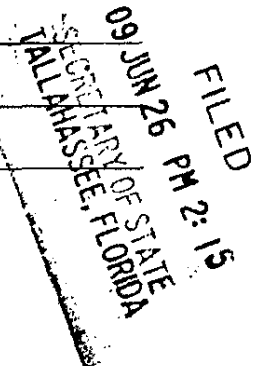
Dated: June 25   ,   2009   .

Signature of a member or authorized representative of a member

Aisha Oliver-Staley

Typed or printed name of signee

Filing Fee: $25.00
Certified Copy: $30.00 (optional)

CR2E062 (08/05)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Continental Stucco Products of Florida, 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:

4301-C Pleasantdale Road

Doraville, GA 30340

Mailing Address:

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:

Michael D. Hawks
Name

3001 Old Winter Garden Road
Florida street address (P.O. Box **NOT** acceptable)

Orlando _____ FL 32805
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..

Michael D. Hawks
BY: _____
Registered Agent's Signature (REQUIRED)

FILED
09 JUN 24 PM 4: 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR   Michael D. Hawks
3001 Old Winter Garden Road
Orlando, FL 32805

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: n/a _____ . (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.)

Aisha Oliver-Staley, Authorized Representative
Typed or printed name of signee

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)