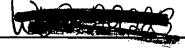
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: L. SELLERS
JUL 15, 2009
EXAMINER



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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Gerald Doxie Name of Person
	Doxie MASON RY LLC Firm/Complany
_	100 Hanbeson AuE Address
	F7 WAHON BCD F1 32548
	F7 WAHON BCH F1 32548 City/State and Zip Code LEWIS 1957 BCOX. net
_	E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
GEN	Name of Person at (850) 582-1687 Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
∑ \$125.0	00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



June 23, 2009

GERALD DOXIE 100 HARBESON AVENUE FORT WALTON BEACH, FL 32548

SUBJECT: DOXIE MASONRY LLC Ref. Number: W09000029223

We have received your document for DOXIE MASONRY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete all highlighted areas of the form. Each address must include the city, state and zip code.,

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 709A00021354

Leslie Sellers Regulatory Specialist II

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Daxie MASONRY LLC (Must end with the words "Limited Liability Company," "L.L.C.," or "L	LC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Li	mited Liability Company is:
Principal Office Address: Mailing Address:	
100 Harbeson AUE. P.O BOXS	1542
Ff Walton Bch, Ff 32548 FF Walton F	leach, Fl 32549
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agent. You must designate business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
GENALD DOKES Name	_
100 HANDESUN AUG	
Florida street address (P.O. Box <u>NOT</u> acceptable)	
Et Walton Bch FL 32548 City, State, and Zip	_
•	
Having been named as registered agent and to accept service of proces liability company at the place designated in this certificate, I hereby registered agent and agree to act in this capacity. I further agree to constatutes relating to the proper and complete performance of my duties, accept the obligations of my position as registered agent as provided	accept the appointment as apply with the provisions of all and I am familiar with and
Spend 2tw	
Registered Agent's Signature (REQUIRED)	99 JUL 1 SECRETA TALLAHAS
(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" = Mana "MGRM" = Ma	nger naging Member	Name and Address:	
MGRA	1	Gerald Doxie 100 Harbeson Et Walton Boby F/ 3	<u>82</u> 48
			
			
•			
(Use attachmen	e date, if other than the o	date of filing: (OF	TIONA
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