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(Requestor's Name)				
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AHASSEE, FLORIDA

T. CLINE

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EXAMINER

COVER LETTER

TO: Registration : Division of C			
SUBJECT: Finite E	lement ReModeling, LL Name of Limit	C ed Liability Company	
The england Addison	.50	and action 4 Con Cities	
	of Organization and fee(s) are	_	
Please return all corres	pondence concerning this mat	ter to the following:	
Robert B. Fu	lier		
		Name of Person	
Finite Elemei	nt ReModeling, LLC		
	•	Firm/Company	
16594 126th	Ter N		
		Address	
Jupiter, FL 33	3478		June
	 	ty/State and Zip Code	2010 APR
ferm.llc@gma	ail.com		CAR AP
	E-mail address: (to be used	for future annual report notification)	R 23 HASS
For further information	concerning this matter, pleas	e call:	#n
Robert B. Fuller		at (_561)398-4126	one Number 107 49
	of Person	Area Code & Daytime Telepho	one Number 5
Enclosed is a check f	or the following amount:		
☑\$125.00 Filing Fee	_	Certified Copy (additional copy is enclosed)	160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	cle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	s of the principal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
16594 126th Ter N	16594 126th Ter N	
Jupiter, FL 33478	Jupiter, FL 33478	
ARTICLE III - Registered Agent, Re	egistered Office. & Registered Agent's Signature:	transfer 1
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual dramother. ss of the registered agent are:	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual dramother. ss of the registered agent are:	,
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	egistered Office, & Registered Agent's Signatures s own Registered Agent. You must designate an individual of another so	,
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual dramother 3 ss of the registered agent are: Name	,
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address Robert B. Fuller 16594 126th Ter	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual dramother 3 ss of the registered agent are: Name	,
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address Robert B. Fuller 16594 126th Ter	egistered Office, & Registered Agent's Signature of sown Registered Agent. You must designate an individual diamether of the registered agent are: Name Name	,

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

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MGR	Robert B. Fuller		
	16594 126th Ter N		
	Jupiter, FL 33478		
MGR	Michael M. Hamman		
	901 Lake Shore Dr. Apt 304		
	Lake Park, FL 33403		
MGR	John P. Springer		
	17467 Alexander Run		
	Jupiter, Ft. 33478		
MGR	Joseph M. Schleuger	2010 A	.cumpon.
	903 Lake Shore Dr. Apt. 311	APR :	ۇئا سىسىسى
	Lake Park, FL 33403	<u>~~~~</u> ~ ~ ₁	Parent Inc.
(Use attachment if necessary)		PH PH	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)		. (OPTONAL) n five business days pri	or
to or 20 days are the date or ming.			
REQUIRED SIGNATURE:			
211	ST. Ma		

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.)

Robert B. Fuller

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)