

MAY-06-2010 15:41  
Division of Corporations

**L10000048896**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H10000110863 3)))



H100001108633ABCU

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

**FILED**  
10 MAY -6 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: deanflyfca@yahoo.com

**FLORIDA LIMITED LIABILITY CO.**

**Antilles Building Solutions LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

**RECEIVED**  
10 MAY -6 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**J. BRYAN**

MAY -7 2010

**EXAMINER**

FAX AUDIT # H10000110863 3

**ARTICLES OF ORGANIZATION  
OF  
Antilles Building Solutions LLC**

**FILED**  
10 MAY -6 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the limited liability company shall be: Antilles Building Solutions LLC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be:  
4440 Grissom Road, Deland, Florida 32724.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

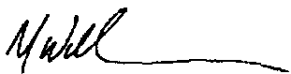
The name and address of the initial registered agent is: Business Filings Incorporated, 1203  
Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of  
Leon.

**ARTICLE IV DURATION**

The duration for the limited liability company shall be: Perpetual.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Members and the names and  
addresses of the members of the Limited Liability Company are:  
Dean Forest, 4440 Grissom Road, Deland, Florida 32724  
Gary Ashton, 803 Hwy 52 East, Eljay, Georgia 30540



Date: May 6, 2010

Business Filings Incorporated, Organizer  
Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,  
WI 53717  
608-827-5300

FAX AUDIT # H10000110863 3

FAX AUDIT # H10000110863 3

**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: *Antilles Building Solutions LLC*

The name and address of the registered agent and office is *Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.*

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: \_\_\_\_\_

*Mark Williams, A.V.P. Business Filings Incorporated*

Date: *May 6, 2010*

**FILED**  
**10 MAY - 6 AM 8:23**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

FAX AUDIT # H10000110863 3