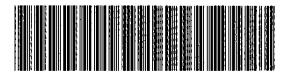
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(Requestor's Name)				
(Address)				
(Address)				
(Audiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special instructions to Filing Officer:				

Office Use Only



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K. SALY EXAMINER APR 1 3 2011



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 5, 2011

MARK C. SPADA 98 MCALISTER DRIVE ORMOND BEACH, FL 32174

SUBJECT: PAVER BROTHERS, LLC.

Ref. Number: W11000019218

We have received your document for PAVER BROTHERS, LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P05000004762 "PAVERS BROTHERS, INC.".

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) 245-6870.

Karen A Saly Regulatory Specialist II

www.sunbiz.org

Letter Number: 611A00008276

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: PAVE	R BROTHERS, I	LLC.		
Name of Limited Liability Company				
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
MARK C.	SPADA			
		Name of Person		
PAVER E	ROTHERS, LL	-C·		
		Firm/Company		
98 MCAL	ISTER DRIVE			
		Address		
ORMOND BEACH, FLORIDA 32174				
		ry/State and Zip Code		
paverbrothers@yahoo.com E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please	e call:		
MARK C. SPADA	4	at (386) 307-8290		
Name (of Person	Area Code & Daytime Tele	phone Number	
Enclosed is a check fo	r the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 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 C Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROTHERS OF ORMOND BEACH, LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") PAVER BROTHERS

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
98 MCALISTER DRIVE	98 MCALISTER DRIVE	
ORMOND BEACH, FL 32174	ORMOND BEACH, FL 32174	

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:

MARK C. SPADA Name

98 MCALISTER DRIVE

Florida street address (P.O. Box NOT acceptable)

City, State, and Zip ORMOND BEACH

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..

Mak C. Sudantie (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		
Widkivi — Wianaging Wiember		
PRESIDENT	MARK C. SPADA	
	98 MCALISTER DRIVE	
	ORMOND BEACH, FL 32174	
EXECUTIVE VICE PRESIDENT	RONALD M. MELLEN	
	P.O. BOX 250576	
	HOLLY HILL, FL 32125	
EXECUTIVE VICE PRESIDENT	DANIEL T. MELLEN	
	58 LORILLARD	
	ORMOND BEACH, FL 32174	
EXECUTIVE VICE PRESIDENT / SECETARY	CHRISTINE D. SPADA	
	98 MCALISTER DRIVE	
	ORMOND BEACH, FL 32174	
(Use attachment if necessary)		
ICLE V: Effective date if other than	the date of filing:	(OPTIONAL)
	ist be specific and cannot be more than	
90 days after the date of filing.)		
REOUIRED SIGNATURE:		

That C. Va

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Signature of a member or an authorized representative of a member.

MARK C. SPADA

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)