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J. SAULSBERRY EXAMINER

SEP 14 2011

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CCT: B+B Masonry LLC Name of Limited Liability Company	
, **	Name of Emmed Elaphity Company	
The enc	closed Articles of Organization and fee(s) are submitted for filing.	
Please r	return all correspondence concerning this matter to the following:	
	Kevin D Pennington	
	Name of Person	
· . –	Firm/Company	
t ·		
_	6767010 Bain Rd Address	
٠,		
-	Tulla. Fla 3 2 3 10 City/State and Zip Code	
	City/blate and S.p Gode	•
-	E-mail address: (to be used for future annual report notification)	
	ther information concerning this matter, please call:	
K	ther information concerning this matter, please call: A	TEMO
	sed is a check for the following amount:	
\$125.00	Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
1	Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

67 67 010 Barn Rd Talk Fla 32310	6767 011 Bar Tyllo Flu 32310	in Rd	
<u>67670</u> Florida sti Talk Flu	n Registered Agent. You must designate an ind	2811 SEP 14 AM 10: 10 LES Signature: LE SEP 14 AM 10: 10 LE SEP 14 AM 10: 10	TEMP

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)

The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Kevin D. Renninston 67 67 010 Barra Rd 37310 Lee Randall Rogers 67 67 010 Barra Rd 57 87 010 Barra Rd 67 67 010 Barra Rd 67 67 010 Barra Rd 57 88 00 Barra Rd 67 67 010 Barra Rd 67 67 010

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

REQUIRED SIGNATURE:

7 90 days after the date of filing.)

Signature of a member or an authorized representative of a member

Ifan effective date is listed, the date must be specific and cannot be more than five business days prior

(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 \$.817.155, F.S.)

constitutes a third degree felony as provided for in s.817.155, F.S.)

Kevin Draning to 7

Typed or printed name of signer

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)