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TARY OF STATE

J. SAULSBERRY EXAMINER

OCT 15 2012

COVER LETTER

	ion Section of Corporations				
SUBJECT:	orian L. Hines C Name of Limited	On Struction Liability Company	L, L, C.		
The enclosed Artic	les of Organization and fee(s) are sub	mitted for filing.			
Please return all co	rrespondence concerning this matter	to the following:			
E	orian L. Hines	ume of Person		 	
	ian L. Hines Con		C.		
	5) Conterline Rd.	Address			
Crau	City/S City/S City/S City/S E-mail address: 00 be used for	and Zip Code	, , , , , , , , , , , , , , , , , , ,	36.58 SECR	~17
	E-mail address: (to be used for tion concerning this matter, please ca		1)	7 15	هشد بر حساسم
Brian	-	t (<u>858</u>) <u>5 67</u> Area Code & Daytime T	- 635 6 Felephone Number	PH 4: 33	
Enclosed is a che	ck for 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 Filit Certificate of Certified Co (additional copy	f Status & py	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	is:
Brian L. Hines Const (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
52 Centerine Rd. Crawfordkile, A. 32327	52 Centerline Rot Constitutivity, Fl. 32327
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	egistered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	S. S.
Brian L. Hine	me S S T
52 Centelline	t address (P.O. Box NOT acceptable)
Crawfordxlle City	C7
liability company at the place designated registered agent and agree to act in this capa	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
"MGR"	Brian L. Hines	
111012	52 centuline ed	
	Crawfordville, Fl. 32327	
	deed 925 a	
		4
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	(D)	4171
(Use attachment if necessary)		d Talle
•		STE
LE V: Effective date, if other than the fective date is listed, the date must	ne date of filing: (OPT be specific and cannot be more than five busine	FION ess d
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	ne date of filing: (OPT be specific and cannot be more than five busine	FIOI Pess d
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	ne date of filing: (OPT be specific and cannot be more than five busine	FIOI FIOI
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	ne date of filing: (OPT be specific and cannot be more than five busined	FIOI
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five busined the specific and cannot be more than the specific and cannot be more t	FIO)
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	be specific and cannot be more than five businesses between an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are to the penalties of perjury that the Department of Statutes are provided for in s.817.155, F.S.)	t rue.
REQUIRED SIGNATURE: (In accordance with section 60 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	be specific and cannot be more than five busines ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are to the penalties of perjury that the Department of Statutes in a document to the Department of Statutes.	t rue.

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)