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SECRETARY OF STATE
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## COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Zelman Brothers Holdings, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank T. Pilotte, Esq.

Name of Persor

Murphy Reid, LLP

Firm/Company

11300 U.S. Highway One, Suite 401

Address

Palm Beach Gardens, FL 33480

City/State and Zip Code

mfaris@murphyreid.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank T. Pilotte

.,561

355-8800

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check 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 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 Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Zelman Brothers Holdings, LLC  (Must end with the words "Limited Liability")	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Timelym Office Madressi	Training Traditions
2632 Spiceberry Lane	2632 Spiceberry Lane
Boynton Beach, FL 33436	Boynton Beach, FL 33436
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the re  Frank T. Pilotte  Name	red Agent. You must designate an individual or another egistered agent are:
	Ser 3
11300 U. S. Highway One, Suite 40	ress (P.O. Box NOT acceptable)
Palm Beach Gardens 3340	<u>『L. ラボ</u> ・の
City, Stat	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited also certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with existered agent as provided for in Chapter 608, F.S

(CONTINUED)

Begistered Agent's Signature (REQUIRED)

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:

2632 Spiceberry Lane
Boynton Beach, FL 33436
<u></u>
the date of filing: (OPTIONA
oust be specific and cannot be more than five busines
<b>(.)</b>
,
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(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.)

Frank T. Pilotte,

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)