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SECRE LARY OF STATE

B. BOSTICK

MAR - 5 2013

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations

Franklin Restoration & Stucco

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:

Renee	C. Franklin					
		Name of Person		_		-
Franklir	n Restoration	& Stuce	O			
		Firm/Company				-
8132 R	aleigh St.					
		Address			····	-
Navarre	e, Florida 325	66				_
		y/State and Zip Co	de		P. 3	
FRS.Doug	g16@gmail.com				200 E	
For further information	E-mail address: (to be used to concerning this matter, please		port notification)		MASSEE.	
Renee C. I	Franklin	_{**} .850	529-1°	142	EE. FLORI	Ş \
Name	of Person	Area Co	de & Daytime Tele	phone Number	A DA	ა ე
Enclosed is a check for	or the following amount:	-				
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified C		Certified C	of Status &	

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:	
Franklin Restoration & Stucco LLC. (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8132 Raleigh Street	8132 Raleigh Street
Navarre, Florida 32566	Navarre, Florida 32566
Navarre	ress (P.O. Box NOT acceptable) Ress (P.O. Box NOT acceptable) Ress (P.O. Box NOT acceptable)
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	accept service of process for the above stated limited his 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)

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:

Moo	
MGR	Renee C. Franklin — 5/ %
	8132 Raleigh St. Navarre, Florida 32566
MGRM	Navarie, Florida 32300
	Douglas A. Franklin - \$19 %
	8132 Raleigh Street
	Navarre, Florida 32566
	Pos
	PS 3
	T. T.
	S. S. F.
(Use attachment if necessary)	Ori (
IV. Effective data if other than th	ne date of filing: (OPTION
	st be specific and cannot be more than five busin
or 90 days after the date of filing.)	se be specific and camilot be more than five busine
or 70 days after the date of filling.	
REQUIRED SIGNATURE:	

(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.)

Renee C. Franklin 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)