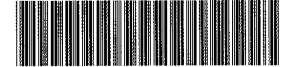
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J. S.A.JI SBERRY
EXAMPLES

NOV 18 2013

## **COVER LETTER**

TO: Registration Se Division of Con			
SUBJECT: Step	hen Greenway 1 Name of Limite	Masonia LLC ed Liability Company	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
S	tephen Greenway	Name of Person	
		Firm/Company	
155	Dune Dr. S.	Address Beach FL 32	459
	Santa Rosa	Beach, Fl 32459	
	City Clamasurs a E-mail address: (to be used t	Beach FL 32459 y/State and Zip Code  Scall.com Offuture annual report notification)	- 29 - 29 - 70 - 70 - 70
	concerning this matter, please		$\frac{1}{\alpha}$
Stephen C Name o	oreenway of Person	at (850) 687-146 Area Code & Daytime Telephone	Number S
Enclosed is a check fo	r the following amount:		-
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Ce	60.00 Filing Fee, ertificate of Status & crtified Copy dditional 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:	
Stephen Greenway Masonry LLC (Must end with the words "Lindited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compa	ıny is:
Principal Office Address: Mailing Address:	
155 Dune Dr. 155 Dune Dr. Santa Rosa Beach, Fl 32459	
Name	ZALI BON LON CON CONTRACT
Florida street address (P.O. Box NOT acceptable)  Santa Rosa Beach FL 32455  City, State, and Zip	& 52
Having been named as registered agent and to accept service of process for the above stated a liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision all statutes relating to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent as provided for in Chapter 608 Registered agent's Signature (REQUIRED)	nt as ons of with

Page 1 of 2

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Stephen Greenway 155 Dune Dr. Santa Rosa Beach, Fl 32459
**************************************	2013 NUV 18
	8 FM 6: 25
(Use attachment if necessary)  ARTICLE V: Effective date, if other tha	in the date of filing: (OPTIONAL) must be specific and cannot be more than five business day
prior to or 90 days after the date of filin	
REQUIRED SIGNATURE:  Signature of automates	ember or an authorized representative of a member.
constitutes an affirmation I am aware that any false constitutes a third degree	on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
Stophe	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)