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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Division of (Section Corporations							
SUBJI	ECT: <u>3 KING</u>	S-MASONRY L.L. Na	C. me of Lim	ited Liability Compa	ny				
The en	closed Articles	of Organization and	l fee(s) are	submitted for filing	•				
Please	return all corre	spondence concerni	ng this ma	tter to the following:					
	Travis L.	Benford	Josh	ua A. Benford	····	Jamarco	L. Can	<u>1</u> eil	
				Name of Person					
			3	KINGS-MASONRY	L.L.C.			_	
				Firm/Company					
			:	3303 W Gonzalez S	St.				
			 	Address		≪Da⊷		_	
			_	. = . = . = . =					
				nsacola Fl 32505 ty/State and Zip Cod	e	· · · · · · · · · · · · · · · · · · ·		-	
•			0.	sy, state and Esp cou	-		ine In	201	
1/1	liabenford@ya	anoo.com E-mail address: (to be used	for future annual rep	ort notifica	tion)	F	2	634
For fu	rther informatio	n concerning this m	atter, plea	se call:			主法と	2014 APR 17	Ç.
Jamai	rco Carnell		at (<u>8</u>				1		72.44
	Nan	ne of Person		Area Code I	Daytime Tel	ephone Number		AH 11: 2	il a
Enclos	ed is a check fo	or the following amo	unt:				۳- چ <u>چ</u>	_	
3 \$ 125.0	00 Filing Fee	S130.00 Filing Certificate of		S155.00 Filing F Certified Copy (additional copy is		Certificate of Certificate of Certified Co (additional cop	of Status o		
		Iling Address istration Section			ourier Addi	<u> 1635</u>			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:		
3 KINGS-MASONRY L.L.C. (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
3303 W GONZALEZ ST. PENSACOLA, FL 32505	3303 W GONZALEZ ST. PENSACOLA,FL 32505	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.) The name and the Florida street address of the registered at	Registered Agent. You must designate an individual.)	2 <u>B</u> 1
Julia L. Benford		7 . 2 []
Name 3303 W Gonzalez St Florida street address (P.O. Box)		
Pensacola, Fl	FL 32505	
City	Zip	
Having been named as registered agent and to accept serv the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	the appointment as registered agent and agree to ac f all statutes relating to the proper and complete per	ct in this rformance

Chapter 605, F.S..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 04/15/14

<u> [itle:</u>	Name and Address:
AMBR" = Authorized Member	 -
MGR" = Manager	
MGR	Joshua A. Benford
	3303 W GONZALEZ ST.
	Pensacola ,FL, 32505
MGR	Travis L Benford
	3303 W Gonzalez St.
	Pensacola ,FI 32505
MCD	Jamarco L. Carnell
MGR	3303 W Gonzalez St.
	Pensacola, FI 32505
AMBR	Julia L Benford
	3303 W Gonzalez St.
	Pensacola, Fl 32505
V: Effective date, if other than the d	ate of filing: April 15, 2014 (OPTIONAL)
EV: Effective date, if other than the detive date is listed, the date must be	45%
EV: Effective date, if other than the detive date is listed, the date must be filling.)	ate of filing: April 15, 2014 (OPTIONAL)
ctive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ate of filing: April 15, 2014 (OPTIONAL) specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the detive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in	ate of filing: April 15, 2014 (OPTIONAL)
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E V: Effective date, if other than the detive date is listed, the date must be filling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation used in the constitutes at third degree feet.)	ate of filing: April 15, 2014 (OPTIONAL) specific and cannot be more than five business days prior to or 9 member or an authorized representative of a member. 605.0203 (1) (b), Riorida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)