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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: LM Netson MasonRy 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:	
LISA NELSON Name of Person	
LM NELSON MASONRY LLC Firm/Company	
2725 EASTLAND RD Address	
MOUNT BORA, FLORIDA 32757  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (LOT) (17.8361  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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:	
LM NELSON MASONRY L	L C Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2725 EASTLAND RD MOUNT DOLL GL 32157	2725 EASTLAND RD MOUNT DORA FL 32757
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
LISA NELSON	·
Name	
Florida street address (P.O. Box	NOT acceptable)
MOUNT DORA City	FL 32757 Zip
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 obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S.
Ju	
Registered Agent's Signat	we (REQUIRED)
(CONTINUI Page 1 of 2	we (REQUIRED)

Manager  ARRY NELSON  2725 EASTLAND RD  MOUNT DORA FL 32757  R  MICHAEL NELSON  2725 EASTLAND RD  MOUNT DORA FL 32757  R  MICHAEL NELSON  2725 EASTLAND RD  MOUNT DORA FL 32757  R  MICHAEL NELSON  2725 EASTLAND RD  MOUNT DORA FL 32757  R  MICHAEL NELSON  2725 EASTLAND RD  MOUNT DORA FL 32757  R  MICHAEL NELSON  2725 EASTLAND RD  MOUNT DORA FL 32757  R  MICHAEL NELSON  2725 EASTLAND RD  MOUNT DORA FL 32757  R  MICHAEL NELSON  2725 EASTLAND RD  MOUNT DORA FL 32757  R  MICHAEL NELSON  STANDOR FL 32757  (OPTIONAL)  Is listed, the date must be specific and cannot be more than five business days prior to or 9  Forovisions, if any.  Signature of a member or an auditorized representative of a member.  In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document onstitutes an affirmation under the penalties of perjury that the facts stated herein are true:  an aware that any false information submitted in a document to the Department of State:  onstitutes a third degree felony as provided for in s. 817.155, F.S.)  LIGAN DELSON  Typed or printed name of signee  Filling Fees:  Filling Fees:  Filling Fees:  Filling Fees for Articles of Organization and Designation of Registered Agent	Title:	Name and Address:	
MOUNT DORA FL 32757  MOUNT DOR	"AMBR" = Authorized Member "MGR" = Manager		
MOUNT DORA FL 33757  MOUNT DORA FL 33757  MOUNT DORA FL 33757  MOUNT DORA FL 32757  MOUNT DOR	RMBR	I ARRY NIFERN	
MOUNT DORA FL 30757  MOUNT DOR			_
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tive date, if other than the date of filing:	•	916 FERNDELL Bd	_
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ARTICLE IV-