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## COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	: Master Name of Lin	Builders nited Liability Company	110
The enclos	ed Articles of Organization and fee(s) a	re submitted for filing.	
Please retu	rn all correspondence concerning this m	natter to the following:	
	Dontercious T	Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	93 Monroe	Creek DI	<u> </u>
:			
	Midway	FL 32343	
<u></u>	E-mail address: (to be use	FL 32343 City/State and Zip Code Grand COM d for future annual report notifica	ation)
For further	information concerning this matter, ple		
Donte	Name of Person	Area Code Daytime Tel	lephone Number
Enclosed is	s a check for the following amount:		,
□ \$125.00 F	iling Fee \$\Bigcup \\$130.00 \text{ 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	Street/Courier Adda Registration Section	r <u>ess</u>
	Division of Comparations	Division of Cornerat	

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

ľ

ARTICLE I - Name: The name of the Limited Liability Company is:
Master Builders North Florida (LC) (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
43 Monroe Creek DL 13 Monroe Creek DR midwax, FL 32343 Midway JFL 32343
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Dontercious Figures  Name  92 Manroe Cuck DE  Florida street address (P.O. Box NOT acceptable)
92 Manyon Curak De
Florida street address (P.O. Box NOT acceptable)
Midway FL 32345  City Zip
City
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2
TABLE TO THE STATE OF THE STATE

	Title:	Name and Address:	
	"AMBR" = Authorized Member "MGR" = Manager AM D Z	Donterrious Figges monroe Creek PK midway FL, 23x3	
•			•
•			
	(Use attachment if necessary)		
(If an ef		iling: (OPTIONAL) ic and cannot be more than five business days prior to or	90 days after
•=== • =			
	LE VI: Other provisions, if any.		
	REQUIRED SIGNATURE:		
	Signature of a memb (In accordance with section 605.0) constitutes an affirmation under th I am aware that any false informat constitutes a third degree felony as	<i>i</i>	
	Signature of a memb (In accordance with section 605.0) constitutes an affirmation under th I am aware that any false informat constitutes a third degree felony as	203 (1) (b), Florida Statutes, the execution of this document to penalties of perjury that the facts stated herein are true, ion submitted in a document to the Department of State	
	Signature of a memb (In accordance with section 605.03 constitutes an affirmation under the I am aware that any false informat constitutes a third degree felony as	203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ion submitted in a document to the Department of State is provided for in s.817.155, F.S.)	14 JU

ARTICLE IV-

Page 2 of 2