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| (Requestor's Name) |
|---|
| (Address) |
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| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Enaty Harrie) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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AVISION OF CORPORATION

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COVER LETTER

| TO: Registration S Division of Co | | | |
|---------------------------------------|--|---|--|
| SUBJECT: M | att Snyde | Y'S Mason V nited Liability Company | <u>y</u> |
| The enclosed Articles of | of Organization and fee(s) ar | e submitted for filing. | |
| Please return all corresp | pondence concerning this ma | atter to the following: | |
| | silliam M | Name of Person | nyder |
| <u>Ma</u> | tt Snyde | Y'S Mason Firm/Company | ry . |
| 218 V | Unitlock W | lay Crawfor | dville FL 3232 |
| _Cx | aw ford vill | le FL 32 ity/State and Zip Code | 327 |
| · · · · · · · · · · · · · · · · · · · | 83 masor E-mail address: (to be used | mattegm I for future annual report notifica | ail. Com |
| For further information | concerning this matter, plea | se call: | |
| Matt Snu Name | of Person | 850) 519-6 Area Code Daytime Te | 1220 lephone Number |
| Enclosed is a check for | the following amount: | | , |
| □ \$125.00 Filing Fee | □\$130.00 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) |
| | ing Address tration Section | Street/Courier Add Registration Section | <u>r'ess</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 1 - Name:

| The name of the Limited Liability Company is: | |
|---|--|
| Matt Snyder's Masonry, LLC (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: | |
| 218 Whitlock Way Same | |
| Crawfordvitte, FL 32327 | |
| 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: William Mathon Shyder | |

Page 1 of 2

(CONTINUED)

| <u> Fitle:</u> | Name and Address: |
|--|---|
| "AMBR" = Authorized Member "MGR" = Manager | William M. Syder |
| AMBR | 218 Unitlace hay Crawforduille FL. 32326 |
| | |
| | |
| | |
| EV: Effective date, if other than the date | e of filing: (OPTIONAL) |
| CV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) | of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 |
| E V: Effective date, if other than the date ctive date is listed, the date must be sp filing.) E VI: Other provisions, if any. | e of filing: |
| E V: Effective date, if other than the date ctive date is listed, the date must be sp filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 66 constitutes an affirmation under I am aware that any false information of the constitutes are approximately an aware that any false information under I am aware that any false information under I are aware that a aware | ender or an authorized representative of a member. 20.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. 21.0203 (1) (a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c |
| E V: Effective date, if other than the date ctive date is listed, the date must be sp filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 66 constitutes an affirmation under I am aware that any false information of the constitutes are approximately an aware that any false information under I am aware that any false information under I are aware that a aware | ember or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the Department of State and as provided for in s.817.155, F.S.) |
| REQUIRED SIGNATURE: Signature of a me (In accordance with section 66 constitutes an affirmation und I am aware that any false infor constitutes a third degree felor | ember or an authorized representative of a member. 23.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. 24. The penalties of perjury that the facts stated herein are true. 25.0203 (1) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c |

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