L14 0061884C6

(Requestor's Name)	
(Address)	
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Ç.a,	
(City/State/Zip/Phone #)	
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(Document Number)	
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TO ACKNOWLEDGE TO ACKNOWLEDGE

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14 DEC 10 PH 12: 42



J. Shivers DEC 1 0 2014

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Smith's Mason	U LLC fited Liability Company	
Name of Lin	itted Liability Company	
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Barnie Smith	1	
9.0	Name of Person	
Smith's Maso	nry, LLC	
_	<u> </u>	
1101 Birmingham	<i>St.</i>	······································
•		
Tallahassee, t	-C 32304	
Tallahassee, f barnic o smithsm E-mail address: (to be used	a Sonry IC. Cor	tion)
For further information concerning this matter, plea		,
I		
Barne Smith at (_	850 545 - /	ephone Number
Ivanic of Ferson	Alea Code Bay illie 70	ephone rumou
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\sum \$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)
Mailing Address	Street/Courier Addi	

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:		
- 1/1 00	LLC	
(Must end with the words "Limited L	iability 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:	
How Birming ham St.	Some	
11000000		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an	individual or
The name and the Florida street address of the registered a	gent are:	
45		
1101 Burning ham	St.	
Florida street address (P.O. Box 1		
[allahussee	FL 32309	
City	2.19	
Having been named as registered agent and to accept serv the place designated in this certificate, I hereby accept to 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 of all statutes relating to the proper and co	agree to act in this Implete performance
Chapter		
756		
Registered agent's Signatu	re (REQUIRED)	14 BC
(CONTINUE	Ď)	
Page 1 of 2		10 PH 2: 4
		養婦 美

Title: "AMBR" = Authorized "MGR" = Manager	i Member	Name and Address: Barnie Smith 1101 Birming ham St. Tall, F1 J32304		 	
	-			- - -	
No. of control of the	-			 	
	-			- 	
(Use attachment if nece	essary)				
LE V: Effective date, if of fective date, if of the fective date is listed, the	other than the date of file date must be specific	ling: (OPTI	ONAL) prior to or	90 day	s a
LE V: Effective date, if of fective date is listed, the of filing.)	e date must be specific	ling: (OPTI	ONAL) prior to or	90 day	s a -
LEV: Effective date, if o	e date must be specific	ling: (OPTI	ONAL) prior to or	90 day	s a - -
LE V: Effective date, if of fective date is listed, the of filing.)	if any.	e and cannot be more than five business days	ONAL) prior to or	90 day	s a - -
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