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(Re	questor's Name)	
(Ad	dress)	
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: R+S Mason of Limited	LLC Liability Company	
The enclosed Articles of Organization and fee(s) are sub	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Lee Rogers N	ame of Person	
F	irm/Company	
7520 Bigher	Address	
Tallahassee, Fla	State and Zip Code	
E-mail address: (to be used for	future astaual report notification)	
For further information concerning this matter, please cal		
at (at (Code Daytime Telephone Number	
Englosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy dditional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address New Filing Section	Street Address New Filing Section	
Division of Corporations P.O. Box 6327	Division of Corporations Division of Corporations	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
$\frac{R + S M Ls}{\text{(Must end with the words "Limit}}$	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal	$\Sigma \simeq 0$	F i
Principal Office Address:	Mailing Address:	3
7520 Bighern Stre Tallanussee F1 32	ect same	S
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat		であって
The name and the Florida street address of the register	ered agent are:	
Lac	Rosas Name	
7520	O Bighorn St.	
Florida street addr	dress (P.O. Box <u>NOT</u> acceptable)	
Tellches	State Zip	

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 state to exlating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as exgistered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Meml	Name and Address:
MGR" = Manager MGR	Talianussed fi 32310PT Welvin Stovall
	Tallanassee F1 30301 25
(Use attachment if necessary) LE V: Effective date, if other th	on the date of filing: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
LE V: Effective date, if other the fective date is listed, the date of filing.) If the date inserted in this block	on the date of filing: 1 - 1 - 1 Co
LE V: Effective date, if other the fective date is listed, the date of filing.) If the date inserted in this block ament's effective date on the D LE VI: Other provisions, if any.	does not meet the applicable statutory filing requirements, this date will not be partment of State's records.
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LE V: Effective date, if other the fective date is listed, the date of filing.) If the date inserted in this block iment's effective date on the D LE VI: Other provisions, if any. REQUIRED SANDA FURE: Signati This docume I am aware the	does not meet the applicable statutory filing requirements, this date will not be spartment of State's records. The of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State

Page 2 of 2

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: R+S 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:
Lee Rogers Name of Person
Firm/Company
7520 Bighan Street Address
Tallahassee, Fla 32310 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 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S125.00 Filing Fee
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301