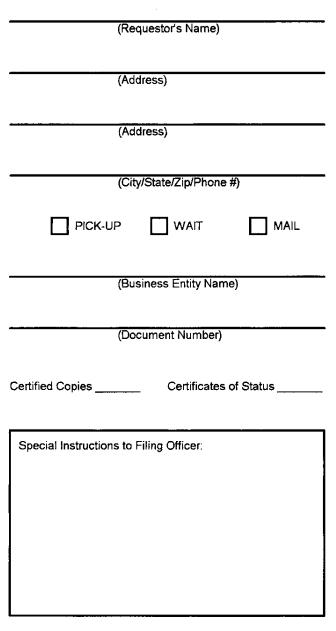
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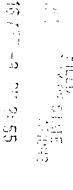


Office Use Only



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## **COVER LETTER**

	stration Section sion of Corporation	18			
SUBJECT:	BUILDERS	ENTERPR	15E L	LC	
Sobabor				lity Company	
The enclosed	Articles of Organiza	ition and fee(s) a	re submitte	d for filing.	
Please return a	all correspondence o	oncerning this n	natter to the	following:	
		511		BRADSHAW	_
			Name o	f Person	
Т	HE ORGAN	IC ANCH	ع ده	•	
_				ompany	
	ماد دد دست			A	
2	121 US HW	/ 1 Suite	23 - Add		
<u> </u>	AINT AUGU	SINE	FLORI	A 32086	<b>9</b>
	bradsha		City/State a	nd Zip Code	•
				. Com annual report notifi	ention)
				annuar report norm	r'
For further infor	rmation concerning	this matter, plea	se call:		,
45	teve Brad	SHAW at (	810	728 250	n <b>u</b> f
	Name of Pers		Area Code	Daytime Teleph	
Enclosed is a	check for the follow	ing amount:			
\$125.00 Filing		O Filing Fee & cate of Status	LCertit	00 Filing Fee & ied Copy nal copy is enclosed	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres	<u>ss</u>		Street Address	
	New Filing Sect	ion		New Filing Section	
	Division of Cor P.O. Box 6327	porations		Division of Corpo Clifton Building	rations
	Tallahassee, FL	32314		2661 Executive Co	
				Tallahassee, FL 32	2301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	'IC	LE	I -	Na	me:
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The name of the Limited Liability Company is:

BUILDERS ENTERPRISE, 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:

SMINT AMANSTINE PL 32076

US HWY I SUITE 28 SANT ANGUSTING FL 32086

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:

STEVE BRADGHAW

Name

255 ALD VILLAGE CENTER CIR \$ 9303

Florida street address (P.O. Box NOT acceptable)

SAINT ANANGTINE FL 32884

City 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 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

STEPHEN BRADSHAW  25C AD VILLAGE AT CIA 9303 SAINT AMAUSTINE PL 32 884  MATINEW HUNT  8960 DAL ARBOR CIR SAINT AMAUSTINE PL 32084  EASL GUSSON  619 SEGOVIA LD  SAINT AMAUSTINE PL 32086  stilling:  c and cannot be more than five business days prior to or 90  the applicable statutory filing requirements, this date will not tate's records.	
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