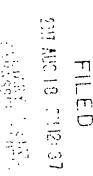
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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RECOVER OF DEA

1. 0/15/11

COVER LETTER

	New Filing Section Division of Corporations
SUBJEC	T: Stewart Roofing & Construction, LLC
	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please re	urn all correspondence concerning this matter to the following:
	Leo Stewart
	Name of Person
	Firm/Company
	1111 Harlem Street
	Address
	Tallahassee, Florida 32304
	City/State and Zip Code
	Stewartroofing and construction & gmail.com
	Stewart roofing and construction @ gmail.com E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	LEO STEWART al (850) 524-0789
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee X \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Stewart Roofing & Construction,	LLC	
	(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address	tress: and street address of the principal office of th	e Limited Liability Company is:	
	Principal Office Address:	Mailing Address:	
111	11 Harlem Street	1111 Harlem Street	
Tal	lahassee, FL 32304	Tallahassee, FL 32304	<u> </u>
		ered Agent's Signature:	_
another business en	ity Company cannot serve as its own Registered tity with an active Florida registration.) lorida street address of the registered agent are	ed Agent. You must designate an individual or	г
another business en	ity Company cannot serve as its own Registered tity with an active Florida registration.) Iorida street address of the registered agent are Leo Stewa	ed Agent. You must designate an individual or	
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(CONTINUED)

___. (OPTIONAL)

Filing Fees:

Leo Stewart

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as

The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address:

1111 Harlem Street Tallahassee, FL 32304

Leo Stewart

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

"MGR" = Manager

MGR

"AMBR" = Authorized Member

(Use attachment if necessary)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

ARTICLE V: Effective date, if other than the date of filing:

the document's effective date on the Department of State's records.

Title:

the date of filing.)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee