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ALLAHASSEL PLANE

COVER LETTER

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JUNEBUG MASONI			
(Must conta	in the words "Limited Li	ability Company, `	"L.L.C.," or "LLC.")
TCLE II - Address: mailing address and street ad	dress of the principal off	ice of the Limited	Liability Company is:
<u>Principa</u>	ıl Office Address:		Mailing Address:
542 CREOLA STRE	EET	542	CREOLA STREET
HOLT, FL 32564		<u> </u>	T, FL 32564
TICLE III - Registered Age	cannot serve as its own R	Registered Agent Registered Agent. \	
TICLE III - Registered Age Limited Liability Company	cannot serve as its own R ctive Florida registration.	Registered Agent Registered Agent. \	it's Signature:
FICLE III - Registered Age Limited Liability Company her business entity with an a	cannot serve as its own R ctive Florida registration.	Registered Agent. Y Registered Agent. Y .)	it's Signature:
FICLE III - Registered Age Limited Liability Company her business entity with an a	cannot serve as its own Retive Florida registration address of the registered a	Registered Agent. Y Registered Agent. Y .)	it's Signature:
FICLE III - Registered Age Limited Liability Company her business entity with an a	cannot serve as its own Retive Florida registration address of the registered a	Registered Agent. Name	it's Signature:
FICLE III - Registered Age Limited Liability Company her business entity with an a	cannot serve as its own Retive Florida registration address of the registered a	Registered Agent (Segistered A	ot's Signature: You must designate an individual
FICLE III - Registered Age Limited Liability Company her business entity with an a	cannot serve as its own R ctive Florida registration. uddress of the registered a MICHAEL D MURR 542 CREOLA STRE	Registered Agent (Segistered A	ot's Signature: You must designate an individual

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.

McMel Nwy Dv

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
"MGR"_100%	MICHAEL D MURRAY JR
	542 CREOLA STREET HOLT, FL 32564
	110E1, 1E 32504
(Use attachment if necessary)	
7,	
the document's effective date on the Departr ARTICLE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not be listed nent of State's records.
REQUIRED SIGNATURE:	
RECOIRED SIGNATURE.	$\sim \Omega$
Michael	mus D
Signature of	a member or an authorized representative of a member.
This document is e.	executed in accordance with section 605.0203 (1) (b). Florida Statutes.
I am aware that any	false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
constitutes a tinio u	D MURRAY LLC Typed or printed name of signee
MICH <u>AEL</u>	D MURRAY LLC
	Typed or printed name of signee
	the state of the s
	Filing Fees:
\$125.00 Filing Fee for Articles o	f Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Option	
\$ 5.00 Certificate of Status (O	to the control of the
	ိုင်း များ ကို များ

COVER LETTER

TO: New Filing Division of	g Section Corporations			
JUNE SUBJECT:	BUG MASONARY LLC			
SOBJECT:	Name of Li	mited Liabil	ity Company	
The enclosed Article	es of Organization and fee(s) a	re submitted	for filing.	
Please return all cor	respondence concerning this n	natter to the	ollowing:	
МІСНА	EL D MURRAY JR			
-		Name of	Person	
JUNEBI	JG MASONARY LLC			
		Firm/Co	mpany	
542 CRI	EOLA STREET			
		Addr	ess	,
HOLT.	FL 32564			
ANN9046	@FWBFL.COM	City/State an	l Zip Code	
	E-mail address: (to be used	i for future a	nnual report notificati	on)
For further information	n concerning this matter, pleas	e call:		
МІСНАЕ	-	50	603-5456	
}			Daytime Telephone	
Enclosed is a check f	or the following amount:			
□\$125.00 Filing Fed	•	Certific	i.00 Filing Fee & ed Copy Il copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ne Div P.C	w Filing Address w Filing Section vision of Corporations D. Box 6327 dahassee, FL 32314		Street Address New Filing Section Dir The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	ssec t, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:			
JUNEBUG MASONF (Must contain	Y LLC n the words "Limite	d Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	Iress of the principa	l office of the Li	mited Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
542 CREOLA STREET HOLT, FL 32564			542 CREOLA STREET HOLT, FL 32564	
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac The name and the Florida street ac	annot serve as its ov tive Florida registra	wn Registered A tion.) red agent are:	l Agent's Signature: gent. You must designate an individual or	
	542 CREOLA STREET Florida street address (P.O. Box 1			
			<u>(OT</u> acceptable)	
	HOLT City	FI.	32564 Zip	
	City	State	Zip	
place designated in this certificate, h further agree to comply with the pro	hereby accept the a visions of all statute, gations of my positio	ppointment as re s relating to the p on as registered (for the above stated limited liability company at the egistered agent and agree to act in this capacity. It proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S Signature (REQUIRED)	

(CONTINUED)

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

"MGR" 100%

MICHAEL D MURRAY JR

542 CREOLA STREET
HOLT. FL 32564

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 15, 2020

(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 the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

MICHAEL D MURRAY LLC

Typed or printed name of signee

Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)