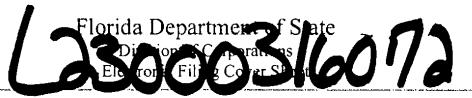
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

PRIMEPLASTERINGLLC@GMAIL.COM

FLORIDA LIMITED LIABILITY CO. Prime Plastering LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is: Prime Plastering 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: 347 SE Sunset Glen High Springs, FL 32643 High Springs, FL 32643

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:

Dillon Sherouse			
Name		-	
347 SE Sunset Glen			
Florida street address (P.O. Box	NOT acc	eptable)	
High Springs	Fl.	32643	
City		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..

Dillou Sherouse

Registered Agent's Signature (REQUIRED)

Dillon Sherouse

(CONTINUED)

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Dillon Sherouse
- Contract C	347 SE Sunset Glen
	High Springs, FL 32643

(11) attachment (Cucumosmi)	
(Use attachment if necessary)	
LE V: Effective date, if other than the	ne date of filing:
LE V: Effective date, if other than the	ne date of filing:
LE V: Effective date, if other than the fective date is listed, the date must e of filling.)	ne date of filing:
LE V: Effective date, if other than the fective date is listed, the date must e of filling.)	Dillou Sherouse
CLE V: Effective date, if other than the effective date is listed, the date must e of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the effective date in accordance with seconstitutes an affirmation of the effective date and the effective date	be specific and cannot be more than five business days prior to or 90
CLE V: Effective date, if other than the effective date is listed, the date must e of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the effective date in accordance with seconstitutes an affirmation of the effective date and the effective date	Dillow Sherouse f a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true. Talse information submitted in a document to the Department of State