

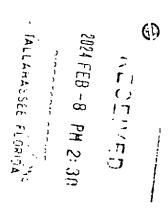
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Certified Copies	Certificates of Status
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Special Instructions to	Filing Officer:
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COVER LETTER

2.2
TO: New Filing Section Division of Corporations
SUBJECT: ALTRUA Custom Masoniy and repair L.L.C. 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:
Kevin Pennington
Name of Person
Firm/Company
1706 Elm Ad
Address
Tullchasser Fla. 32304
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kerin Penn, 1ston at (850) 251-6550 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□S125.00 Filing Fee
Mailing Address New Filing Section New Filing Section New Filing Section Division

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

	alting 1	Masony	ny, "L.L.C.," or "LLC.")	266
(Must cont	in the words "Limited L	iability Compa	ny, "L.L.C.," or "LLC.")	-
ARTICLE II - Address: The mailing address and street ad	ldress of the principal of	lice of the Limi	ted Liability Company is:	
	al Office Address:		Mailing Add	
1706 E Talla Fly	1n RA 32304		11 Same	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own I	Registered Age		ndividual or
The name and the Florida street a	address of the registered	agent are:		
	Kau;	1 Penn	Tacceptable)	
	<u></u>	Name	·	
	1206 E	Im Rd		
	Florida street address	(P.O. Box <u>NO</u>	T acceptable)	
	Tallo.	Fla	32304 Zip	
	City	State	Zip	
Having been named as registered a place designated in this certificate, turther agree to comply with the pram jamiliar with and accept the ob	I hereby accept the appo ovisions of all statutes rel ligations of my position a	intment as regis ating to the pro s registered age	tered agent and agree to act per and complete performan	t in this capacity. I ace of my duties, and or 605, F.S

(CONTINUED)

<u>Title:</u>	and a street	Name and Address:	
"MGR" = M	Authorized Member		
7/1/	;;;iage:	Keyn Reminston	
1110	<u>' ''</u>	17.6 21. W. T. 11 8. 25200	
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CLEV: Effectiv	ent if necessary) re date, if other than the da	ate of filing: $\frac{2/8/24}{}$. (OPTIONAL)	
CLE V: Effective feffective date is the of filing.) If the date inser	re date, if other than the date date, the date must be	specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

ARTICLE IV-