

L 12000161564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

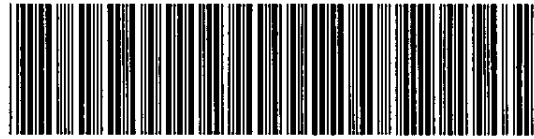
A. LUNT

DEC 28 2012

EXAMINER

w12-59839

Office Use Only



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CLAHASSEC FLORIDA

DEC 27 PM 4:47

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11/29/12--01004--002 **130.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2012

BRYAN SCRUGGGS
P.O. BOX 283
PANACEA, FL 32346

SUBJECT: SCRUGGS CONSTRUCTION, LLC
Ref. Number: W12000059839

2012 DEC 27 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for SCRUGGS CONSTRUCTION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 112A00028551

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Scruggs Construction
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:

Bryan Scruggs
Name of Person

Scruggs Construction, LLC
Firm/Company

PO Box 283
Address

Panacea, FL 32346
City/State and Zip Code

scruggsbryan@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Scruggs at (850) 766-0288
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

ck. #302

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2012 DEC 27 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Scruggs Construction, 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:

~~PO BOX 283~~ 1059 Gulf Shore Blvd
~~Panacea, FL 32346~~ Panacea, FL
32346

PO BOX 283
Panacea, FL 32346

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Bryan Scruggs
Name

1059 Gulf Shore Blvd
Florida street address (P.O. Box NOT acceptable)

Panacea FL 32346
City, State, and 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 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Bryan Scruggs MGRM

PO BOX 283
Panacea, FL 32346

Ashley Scruggs MGRM

PO BOX 283
Panacea, FL 32346

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1-2-2013 (OPTIONAL)
(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.)

REQUIRED SIGNATURE:



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Bryan Scruggs

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)