Laa 60017847-0

(Re	questor's Name)			
(Ad	dress)			
bA)	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Do	cument Number)			
(55)	oument number,			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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SEGRETARY OF STATE FACUATASSEE, FROM 101

S. CHATHAM MAY U 2 2022

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: 3 T Construction LLC 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:
Mathew Banks
Name of Person
Firm/Company
10370 Pensacola Blvd
Address
Pensacola FL 32534 City/State and Zip Code
mbanks (Unstruction @ amail (Om
E-mail address: (to be used for future armual report notification)
For further information concerning this matter, please call:
Matthew Banks at (850) 572 A2U7 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Street Address New Filing Section Division

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:

37	Construction	nllc		
(Must c	ontain the words "Limited Liabil	lity Company, "L	L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal office (of the Limited Li	ability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
10370 Po Pensacola	insacola Blvd Life 32574	103- Pens	70 Pensacola acola, fi. 32534	Blvd
(The Limited Liability Comp	Agent, Registered Office, & Re any cannot serve as its own Regis an active Florida registration.)			ial or
The name and the Florida stre	eet address of the registered agen	it are:		
	Madhen	Banks		
	Nan	ne	•	
	10370 Pens	avola Y	slva	
	Florida street address (P.C	D. Box <u>NOT</u> acco	eptable)	
	runsaccia	FL_	32534	
	City	State	Zip	
place designated in this certific further agree to comply with the	ed agent and to accept service of a ate, I hereby accept the appointm of provisions of all statutes relating of obligations of my position as reg	ent as registered g to the proper at	agent and agree to act in this id complete performance of n	capacity. I ny duties, and I
	Registered A	Agent's Signatur	(REQUIRED)	

(CONTINUED)

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22 APR II PHIO: 34
SEGREJARY OF STATE

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Jon Cree
	2209 SWeetheart In Densacola, 12 32534
	persacción 12 305331
	
····	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	date of filing:
the date of filing.)	e specific and cannot be more than five business days prior to or 90 days and
	tot meet the applicable statutory filing requirements, this date will not be listed
the document's effective date on the Departm	ent of State's records.
ARTICLE VI: Other provisions, if any.	
	
REOUIRED SIGNATURE:	A
	1/2
Signature of a	member or an authorized representative of a member.
	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State
	gree felony as provided for in s.817.155, F.S.
To	h CV.
	Typed or printed name of signee
	Filing Fees:
\$125 00 Filing Fee for Articles of	Filing Fees: Organization and Designation of Registered Agent
# 10.00 Cartified Carri (Oation	organization and resignation of registered regent 0) ~ _

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)