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|---|-------------------|-----------|--|--|
| (Re | questor's Name) | | | |
| (Address) | | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phone | : #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE OF STATE OF CORPORATIONS

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|---|---|---|--|--|--|
| SUBII | JECT: J.L. CONSULTING & ESTIMAT | ING, LLC | | | |
| 5000 | (Name of Limited Liability | | | | |
| The en | enclosed Articles of Organization and fee(s) are submitted f | or filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| | JOHN S. LANNI | | | | |
| (Name of Person) | | | | | |
| J.L. CONSULTING & ESTIMATING, LLC | | | | | |
| | (Firm/Company) | | | | |
| | 7784 IONIO COURT | Q Pro | | | |
| | (Addres | 7 JU ISLOW | | | |
| | NAPLES, FL 34114 | OFER | | | |
| (City/State and Zip Code) | | | | | |
| For fu | further information concerning this matter, please call: | OT JUL -2 PH 3: 05 Sip Code) On 308 1008 | | | |
| JOHN 5. LANNI at (239 396-1000 | | | | | |
| | (Name of Person) (A | rea Code & Daytime Telephone Number) | | | |
| Enclo | losed is a check for the following amount: | | | | |
| ▼ \$125 | Certificate of Status Certificate | 00 Filing Fee & \$160.00 Filing Fee, Gied Copy Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| | Registration Section R Division of Corporations D P.O. Box 6327 C Tallahassee, FL 32314 2 | treet/Courier Address egistration Section division of Corporations diffon Building 661 Executive Center Circle allahassee, FL 32301 | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is | S: | |
|---|---|-----------------------------------|
| J.L. CONSULTING & ESTIMATIN | · | |
| (Must end with the words Linnled Lian | bility Company, E.E.C., or EEC. | 0. 墨山 |
| ARTICLE II - Address: The mailing address and street address of the | principal office of the Limited Liabili | ty Company is |
| The maning address and silver address of the | principal office of the Emiliea Blacks | is company in the |
| Principal Office Address: | Mailing Address: | PH 3: |
| 7784 IONIO COURT | | · · · · · · · · · · · · · · · · · |
| NAPLES, FL 34114 | | 95 ES |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) | ed Office, & Registered Agent's Sig | nature: or another |
| The name and the Florida street address of the | e registered agent are: | |
| CRAIG J. COUTUR | | O7/0/27 |
| Nam | ne | |
| 1112 1/2 N. COLLI | | |
| Florida street a | address (P.O. Box NOT acceptable) | |
| MARCO ISLAND, | FL _{թL} 34145 | |
| City, State | e, 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 Agents Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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 JOHN S. LANNI 7784 IONIO COURT NAPLES, FL 34114 07 JUL - 2 PH 3: OS OF COURT (Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/01/07 . (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.)

JOHN S. LANNI

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)