L09000001911

| (Requestor's Name) |
|---|
| |
| (Address) |
| - |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (D |
| (Business Entity Name) . |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |
| |



000143049500

02/13/09--01006--009 **160.00

09 FEB 13 AM 11: 53
SECRETARY OF STATE

CÓVER LETTER

Registration Section

TO:

| Division of Corporations | | | | | |
|--|-------|--|--|--|--|
| SUBJECT: Concept Modern 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: | | | | | |
| Jovan Simic | | | | | |
| (Name of Person) | | | | | |
| Concept Modern Construction LLC | | | | | |
| (Firm/Company) | | | | | |
| 6575 Marlberry Way | | | | | |
| (Address) | | | | | |
| L FL 22772 | | | | | |
| Largo, FL 33773 | | | | | |
| (City/State and Zip Code) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Jovan Simic 813 781-0412 | | | | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | | | | |
| | | | | | |
| Enclosed is a check for the following amount: | | | | | |
| \$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& \bigcup \\$155.00 Filing Fee \& \bigcup \\$160.00 Filing Fe \& \bigcup \\$160.00 Filing Fee \& \bigcup \\$16 | tus & | | | | |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle | | | | | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is | :: | |
|--|--|---------------------|
| Concept Modern Construction (Must end with the words "Limited Liab | | · |
| ARTICLE II - Address: The mailing address and street address of the p | orincipal office of the Limited Lia | ability Company is: |
| Principal Office Address: | Mailing Address: | |
| 6575 Marlberry Way Largo, FL 33773 | 6575 Marlberry Way Largo, FL 33773 | |
| ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.) | d Office, & Registered Agent's stered Agent. You must designate an individ | dual or another |
| The name and the Florida street address of the | registered agent are: | AHC TE |
| Jovan S | <u>imic</u> | SS 23 1 |
| Name | e | 田宝 呈 作 |
| 6575 Marlberry Way | | AM II: 53 |
| Florida street ad | idress (P.O. Box <u>NOT</u> acceptable) | 23 23 |
| Largo | o, _{FL} 33773 | |
| 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)
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:

| <u>Title:</u> "MGR" = Manage "MGRM" = Mana | | Name and Address: | |
|--|-----------------------------|---|-----------------------------|
| MGRM | _ | Jovan Simic 6575 Marlberry Way Largo, FL 33773 | |
| MGRM | - | Brandon Dale Roberts 6584 Marlberry Way Largo, FL 33773 | |
| MGRM | _ | Francisco Luis Rios 4703 67th Ave. Pinellas Park, FL 33781 | |
| | _ | | |
| (Use attachment if | • , | E 1 40 0000 | |
| ARTICLE V: Effective date is listed to or 90 days after the date | ed, the date must be sp | e of filing: <u>February 12, 2009</u> . (Cecific and cannot be more than five bus | OPTIONAL) Siress days prior |
| <u>required</u> sig | NATURE: | <u></u> | ARY OF STATE |
| | (In accordance with sestion | an authorized representative of a member. 606.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.) | 253 |
| | O - 11 | 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)