## 15000142281

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



100274791521

08/25/15--01007--017 \*\*125.00

JIN ISION OF CONTRACTION

15 AUG 25 AM 10: 53 15 MUS 25 AM II: 04

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ANTIFONY AND SON CONSTRUCTION LL 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:
MARK L. ANTHONY Name of Person  ANTIKONY AND SON CONSTRUCTION CLC. Firm/Company
69 Quail Court
Address
CRAW FORDYILE FI 32327  City/State and Zip Code  MAKIANTHONY 112359 @ G MAIC. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARK L. Authory at (850) 320 4191  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street Address  New Filing Section  Division of Corporations  Clifton Building  Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.,"

The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE 1 - Name:

**ARTICLE II - Address:** 

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
CROWERD VILLE FI 32377	CA QUAL CRT
CRAWFOADYINE FL 32327	CRAWFORDYIVE FL 32327
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	
MARY C. P	Int Keny
69 AyA, CA Florida street address (P.O. Box I	NOT acceptable)
City State	FC 32327 Zip

Page 1 of 2

(CONTINUED)

Registered Agent's Signature

(EQUIRED)

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 605, F.S..

15 舰5 25 AM II: 04

74

	(Prata-	N	
	Title: "AMBR" = Authorized Memb	Name and Address: ber	
	"MGR" = Manager	MARK L. ANTIGNY	
		69 ayAII ent	
		CLANTORAY/IN FY 3232	7
	<del></del>		
	<del></del>		
	(Use attachment if necessary)		
ARTIC	LEV: Effective date, if other th	nan the date of filing: (OPTIONAL)	
(If an e	LE V: Effective date, if other th		l days afte
(If an e the dat Note:	LE V: Effective date, if other the ffective date is listed, the date is of filling.)  If the date inserted in this block	nan the date of filing:	•
(If an e the dat Note:	LEV: Effective date, if other the ffective date is listed, the date is of filing.)	nan the date of filing:	•
(If an e the dat Note: the doc	LE V: Effective date, if other the ffective date is listed, the date is of filling.)  If the date inserted in this block	must be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no department of State's records.	•
(If an e the dat Note: the doc	LE V: Effective date, if other the ffective date is listed, the date is of filing.)  If the date inserted in this block ument's effective date on the D	must be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no department of State's records.	•
(If an e the dat Note: the doc	LEV: Effective date, if other the ffective date is listed, the date is of filing.)  If the date inserted in this block ument's effective date on the D	must be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no department of State's records.	•
(If an e the dat Note: the doc	LEV: Effective date, if other the ffective date is listed, the date is of filing.)  If the date inserted in this block ument's effective date on the D	must be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no department of State's records.	•
(If an e the dat Note: the doc	LE V: Effective date, if other the ffective date is listed, the date is of filing.)  If the date inserted in this block ument's effective date on the D  LE VI: Other provisions, if any.	must be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no department of State's records.	•
(If an e the dat Note: the doc	LE V: Effective date, if other the ffective date is listed, the date is of filing.)  If the date inserted in this block ument's effective date on the D  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:	must be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no department of State's records.	•
(If an e the dat Note: the doc	LE V: Effective date, if other the ffective date is listed, the date is of filing.)  If the date inserted in this block ument's effective date on the D  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature	must be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no department of State's records.  The property of a member of an authorized representative of a member. The is executed in accordance with section 605,0203 (1) (b), Florida Statutes.	•
(If an e the dat Note: the doc	LE V: Effective date, if other the ffective date is listed, the date is of filing.)  If the date inserted in this block ument's effective date on the D  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document and aware the	must be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no department of State's records.	•
(If an e the dat Note: the doc	LE V: Effective date, if other the ffective date is listed, the date is of filing.)  If the date inserted in this block ument's effective date on the D  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document and aware the	must be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no department of State's records.  The properties of a member of an authorized representative of a member. The is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State.	•

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)