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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Vargus 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:
Abraham Vargas Name of Person
Vargas Construction LLC Firm/Company
4016 Marina Pr Address
City/State and Zip Code Vargus Construction 88 6 5 mail 1100 m E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nex 1 Vargas at (850) 354-2811 Name of Person Area Code Daytime Telephone Number
Name of Pérson Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Cliffon Building Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	Liability Company is:		1	
Abra	ham VargaS Consider Contain the words Limited Liability Co	Struction ompany, "L.L.C.," or "I	<u>(</u>	
ARTICLE II - Address				
-	Principal Office Address:		iling Address:	
401t Tullaha	Martha Dr 255ce Fr 323US	1/0/6 Tallahi	Murtha 1550e FL	<u>Pr</u> 32305
(The Limited Liability Co another business entity v	red Agent, Registered Office, & Registe ompany cannot serve as its own Registered with an active Florida registration.) a street address of the registered agent are:	d Agent. You must desig		or
	Meri Vara, a ° Name	<u> </u>		
	Florida street address (P.O. Bo.	01		
	Florida street address (P.O. Bo	x <u>NOT</u> acceptable)	ì	
	Talkahassee 1 City State	2 32	<u>30</u> 5	
			}	
place designated in this cer further agree to comply wit	istered agent and to accept service of proce etificate, I hereby accept the appointment as th the provisions of all statutes relating to the of the obligations of my position as registers Registered Agent	s registered agent and ag he proper and complete p ed agent as provided for	gree to act in this concerformance of my in Chapter 605, F.	apacity. 1 duties, and 1
	(CONT)	NUED)		
				FILLED FILE DE 17

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Ner, Vargas Holle Martha Dr Tullahustee, FL 137305
(Use attachment if necessary)	
rective date is listed, the date must be specific and e of filing.) If the date inserted in this block does not meet the a	applicable statutory filing requirements, this date will not be
e of filing.)	applicable statutory filing requirements, this date will not be
receive date is listed, the date must be specific and confiling.) If the date inserted in this block does not meet the acument's effective date on the Department of State's CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or This document is executed in account the specific and the	applicable statutory filing requirements, this date will not be s records. an authorized representative of a member an authorized section 605.0203 (1) (b). Florida Statutes ation submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a member or This document is executed in acconstitutes a third degree felony a	applicable statutory filing requirements, this date will not be s records. an authorized representative of a member an authorized section 605.0203 (1) (b). Florida Statutes ation submitted in a document to the Department of State