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TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

700003831317--0  
-03/12/01--01125--012  
\*\*\*\*130.00 \*\*\*\*130.00

SUBJECT: IDEAL CONSTRUCTION, LLC

FILED  
01 MAR 30 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is an original and one (1) copy of the articles of organization and a check for

\$ 130.00 payable to "Florida Department of State"

for

Filing Fee, Designation of Registered Agent and Certificate of Status

From: STEVE LOVELESS

5125 CASTELLO DR.

NAPLES, FL 34103

PHONE NUMBER (941) 514-3811

L01-5000  
OK



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 15, 2001

STEVE LOVELESS  
5125 CASTELLO DRIVE  
NAPLES, FL 34103

SUBJECT: IDEAL CONSTRUCTION, LLC  
Ref. Number: W01000005881

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01 MAR 30 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for IDEAL CONSTRUCTION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 501A00015834

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**IDEAL CONSTRUCTION, LLC**

## ARTICLE II - Address:

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

**5125 CASTELLO DR.  
NAPLES, FL 34103**

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

**STEVE LOVELESS**

Name

**5125 CASTELLO DR.**

Florida street address (P.O. Box **NOT** acceptable)

**NAPLES, FL 34103**

City, State, and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

*Steve Loveless*

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

*Steve Loveless, MEMBER*  
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.)

**STEVE LOVELESS**

Typed or printed name of signee

## FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)