LO 1000016069

Secretary of State State of Florida P.O. Box 6327 Tallahassee, FL 32314

Enclosed are two copies of the Operating Agreement for Thomas L. Evans, LLC, as well as our check for \$125.00. Would you please certify one copy and return it to us.

Thank you for you cooperation.

Very truly yours,

Thomas I. Evens

300004571483---6 -09/06/01--01005--019 *****125.00 *****125.00

FILED

OI SEP 18 PM 2: "U

SECRETARY OF STATE TALLAHMSSCE, FLORIDA

101-16069 GK

FF \$ 12500



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 7, 2001

THOMAS EVANS 5702 RIVERSIDE DRIVE PORT ORANGE, FL 32127

SUBJECT: THOMAS E. EVANS CONSTURCTION, LLC

Ref. Number: W01000020818

We have received your document for THOMAS E. EVANS CONSTURCTION, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 301A00050445

OI SEP 18 PM 5: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
ARTICLE I - Name: The name of the Limited Liability Company is: Thomas L. Evang Construction,
- Constitution
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
5707 Riverside Dains
5702 Rivers, de Drive Port Orange, FL 32127 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent Posistered Office & Design
Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Thomas L. Evans
5702 Riverside Drive
5702 Riverside Drive
Florida street address (P.O. Box NOT acceptable)
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
Thomas L. Evores -
Thomas Levous Registered Agent's Signature
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.
. To the second of the second
(An additional article must be added if an effective date is requested)
(An additional article must be added if an effective date is requested a factorial article must be added if an effective date is requested.
Signature of a member or an authorized representative of a member.
of this document constitutes an affirmation under the paralleles of miles
that the facts stated herein are true.)
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)

MEMBERS

(In accordance with section 608.408(3), Florida Statutes, the execution this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

BY:

BY:

BY: