

LO2000019440

JAMES MASSEY
Requester's Name

10522 FAYE WAY
Address

TALLAHASSEE/FLA/32317
City/State/Zip Phone #
850-877-9805

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. CONSTRUCTION INDUSTRY SERVICES, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

RECEIVED
02 AUG - 1 AM 8:13
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

200006844132-1-6
-08/01/02--01007--003
****160.00 ****160.00

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 AUG - 1 AM 8:18

Name Availability	<input type="checkbox"/> Other
Document Examiner	<input type="checkbox"/> Annual Report ^{DCC}
Notarizer	<input type="checkbox"/> Fictitious Name
Notary Verifier	DCC
Consolidation	DCC
W. P. Verifier	632 E031(7/97) DCC

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: CONSTRUCTION INDUSTRY SERVICES, L.L.C.

ARTICLE II - Address:

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

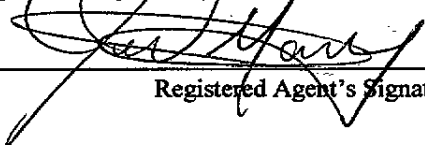
10522 FAYE WAY
TALLAHASSEE, FLORIDA 32317

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

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

JAMES D. MASSEY
Name
10522 FAYE WAY
Florida street address (P.O. Box **NOT** acceptable)
TALLAHASSEE FL 32317
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAILS - 1 AM 8:18

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.

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

Gloria Massey
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.)

GLORIA MASSEY
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)