L03000021285

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100019573971

06/05/03--01043--006 **155,10

OS JUN 12 MHID: 4

OR JUN 12 MHID: 4



FLORIDA DEPARTMENT OF STATE Glenda É. Hood Secretary of State

May 27, 2003

DEEP SOUTH CONTRACTING LLC 17311 LOCKWOOD RIDGE DR. TAMPA, FL 33647-2249

SUBJECT: DEEP SOUTH CONTRACTING LLC Ref. Number: W03000014979

We have received your document for DEEP SOUTH CONTRACTING LLC and scheck(s) totaling \$205.00. However, your check(s) and document are being returned for the following:

Please refer to the attached blank form and instructions for filing an LLC. The Articles you submitted left the first two Articles blank, named the company as its own agent, and have a printed name rather than a signature for the registered agent's signature.

Your first UBR form is not due until the year after you file with us, so you do not need to return it. We do not file operating agreements, so you do not need to return thatdocument either. The IRS form you sent should be filed with the IRS, not with this office.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 503A00033248

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: DEEP South CONTRACTING, Link.C.		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp 173	any is	:
The name and the Florida street address of the registered agent are: HAMMING E. HEWERSON Name Name Florida street address (P. D. Box NOT acceptable) City, State, and Zip		
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment a registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature (An additional article must be added if an effective date is requested) 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.)	s ns of a	
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)