

L03000047664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

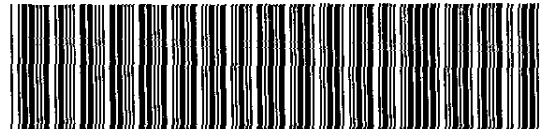
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

| | |
|-----------------|--|
| Name | |
| Availability | |
| Document | |
| Examined | |
| Office Use Only | |
| Updater | |
| Verifier | |
| Acknowledged | |
| A. P. Verifier | |



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11/24/03--01029--005 **155.00

EFFECTIVE DATE

11/04

FILED
SECURITY OF STATE
DIVISION OF CORPORATIONS
03 NOV 21 PM 2:08

Rec'd.
11/21

FLUC

11/25

FF \$125

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Frost 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:

Willard L. Frost
(Name of Person)

Frost Construction LLC
(Firm/Company)

6012 Jones Road
(Address)

St. Cloud, FL 34771
(City/State and Zip Code)

For further information concerning this matter, please call:

Willard L. Frost at 407 873-9209
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

03 NOV 21 PM 2:08
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I - Name:

The name of the Limited Liability Company is:

Frost Construction LLC

EFFECTIVE DATE

ARTICLE II - Address:

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

Principal Office Address:

6012 Jones Rd
St. Cloud, FL 34771

Mailing Address:

6012 Jones Rd
St. Cloud, FL 34771

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

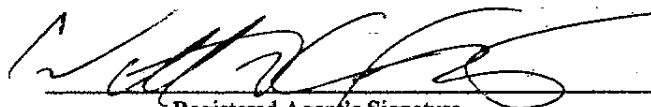
The name and the Florida street address of the registered agent are:

Willard L. Frost
Name

6012 Jones Rd.
Florida street address (P.O. Box **NOT** acceptable)

St. Cloud, FL 34771
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, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Willard L. Frost
6012 Jones Rd.
St. Cloud, FL 34771

MGRM

Joe H. Frost
2310 Eiffel Dr
Orlando, FL 32808

MGRM

Joshua H. Frost
2310 Eiffel Dr
Orlando, FL 32808

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Joe H. Frost
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.)

Joe H. Frost
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)

Article V

Effective date of Company
Business to Commence at
12:01 AM January 1, 2004

JOE H. FROST
Joe H. Frost

Willard L Frost
Willard L Frost

Joshua H. Frost
Joshua H. Frost