

# LD30000 56898

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

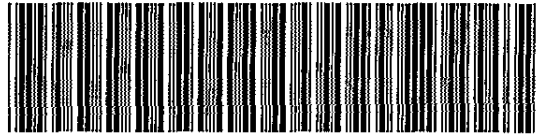
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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EFFECTIVE DATE

1-1-04

12/31/03--01003--002 \*\*155.00

DIVISION OF CORPORATION

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03 DEC 30 PM 4:00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 30 PM 2:32

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CLANCY 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:

EFFECTIVE DATE  
1-1-04

Stephen P. Clancy  
(Name of Person)

Clancy Construction LLC  
(Firm/Company)

P.O. Box 2066  
(Address)

NEW SMYRNA BCH FL. 32170  
(City/State and Zip Code)

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DIVISION OF CORPORATIONS  
03 DEC 30 PM 2:32

For further information concerning this matter, please call:

SAME AS ABOVE. at (386) 566-6188  
(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

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE  
1-1-04

Clancy Construction LLC

ARTICLE II - Address:

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

Principal Office Address:

404 DOWNING ST  
NEW SMYRNA Bch. FL.  
32169

Mailing Address:

P.O. Box 2066  
NEW SMYRNA Bch FL.  
32170

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

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

Stephen P. Clancy  
Name

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

NEW SMYRNA Bch FL. 32170  
City, State, and Zip

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*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

(CONTINUED)

**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

Stephen P. Clancy  
P.O. Box 2066  
NEW Smyrna Bch FL 32170

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DIVISION OF CORPORATIONS  
03 DEC 30 PM 2:33

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Stephen P. Clancy Effective Date 1-1-04  
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.)

Stephen P. Clancy  
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)