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TRANSMITTAL LETTER

04 JAN -2 PH 1:23

TO: Registration Section Division of Corporations

ON L. LINCLAHASSEE. FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(City/State and Zip Code)

For further information concerning this matter, please call:

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

	LORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	Six Kings Constructions L.L.
ARTICLE II - Address:	SECKLIARY OF STATE TALLAHASSEE, FLORIDA
	ncipal office of the Limited Liability Company is:
main at all coefficients and account	B # *3* 1 2 P

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

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

Name

383 NW TAPPOLE CIR.

Florida street address (P.O. Box NOT acceptable)

CREENVILLE FL 3233/

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

(CONTINUED)

	anager(s) or Managin ess of each Manager o	ig Member(s): r Managing Member is as follows:	Time # 8	
<u>Title:</u> "MGR" = Manager "MGRM" = Manager		Name and Address:	2- MAL 10	PH 1:23
MGRM	_ , =	BRIAN K. SIROIS 383 NW. TADPOLI OREFNUILLE FL 33	ALLAHASS EC/C	Y OF STATE SEE, FLORIDA
				2 ·
				£
(Use attachment if	necessary)			+ -
•		added if an effective date is reque	ested.	
REQUIRED SIGN	NATURE: Buan	L Suvis	. <u>.</u> .	
	(In accordance with section of this document constitute that the facts stated herein that the facts stated hereins the facts stated hereins that the facts stated hereins that the facts stated hereins the facts stated here in the facts stated hereins t	or an authorized representative of a mer on 608.408(3), Florida Statutes, the execut ites an affirmation under the penalties of per a are true.) Local Statutes, the execut of penalties of penalties o	ion	
	S \$	Filing Fees: 1100.00 Filing Fee for Articles of Organi 125.00 Designation of Registered Agent 130.00 Certified Copy (Optional) 150.00 Certificate of Status (Optional)		

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