

W4000005284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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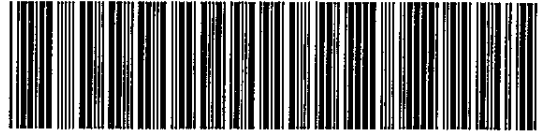
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04 JAN 13 AM 10:40  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CONSTRUCTIVE SOLUTIONS, 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:

PAMELA J. CURRAN  
(Name of Person)

(Firm/Company)

207 LANCELOT ROAD  
(Address)

DEFUNIAK SPRINGS, FL 32433  
(City/State and Zip Code)

For further information concerning this matter, please call:

PAMELA CURRAN at (850) 892-5675  
(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:

Constructive Solutions, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

207 LANCELOT RD  
DE FUNIAK SPRINGS, FL  
32433

**Mailing Address:**

207 LANCELOT RD  
DEFUNIAX SPRINGS, FL  
32433

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

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

PAMELA J. CURRAN  
Name

207 LANCELOT ROAD  
Florida street address (P.O. Box **NOT** acceptable)

DEFUNIAX SPRINGS FLORIDA 32433  
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..*

Pamela J. Curran  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

04 JAN 13 AM 10:41

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**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:**

MGR

PAMELA J. CURRAN  
207 LANCELOT RD.  
DE FUNI AK SPRINGS, FL 32433

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Pamela J. Curran  
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.)

PAMELA J. CURRAN  
Typed or printed name of signatory

**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)