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(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:					





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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Advance Solar Construction. LLC (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filling.		
Please return all correspondence concerning this matter to the following:		
Thomas R. Smith	_	
(Name of Person)		
Beacon Business Services, Inc. (Firm/Company)		
15910 Eagle River Way		
(Address)		
Tampa, FL 33624-1599	_	
(City/State and Zip Code)		
For further information concerning this matter, please call:	04 JAN 29	IVISI
Thomas R. Smith at (813) 265-1110		<u> </u>
(Name of Person) (Area Code & Daytime Telephone Number)	6 3	
	MH 9: 41	OF STATE ORPORATION

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 - Na The name of the I	ume: Limited Liability Company is:			
Advance Sc	olar Construction, LLC			**
ARTICLE II - A The mailing addre	ddress: ess and street address of the principal	office of the Limited I	Liability Company	is:
Principal Office	Address:	Mailing Address:		
7008 Dusty Ro	, Riverview, FL 33569	7008 Dusty Rd	. Riverview	, FL 33569
<u> </u>				
	Registered Agent, Registered Office Florida street address of the register		's Signature.	NISTON OF THE PERSON OF THE PE
	Thomas R. Smith			SKY E
	Name		- - - - 9	OR A
	15910 Eagle River Way	·	9.	
	Florida street address (P.O. Box 1	IOT acceptable)		<i>ত</i>
	Tampa, F City, State, and Zip	LORIDA 33624		=
company at the place designagree to act in this capacity and complete performance	istered agent and to accept service of gnated in this certificate, I hereby accept a further agree to comply with the part of my duties, and I am familiar with a greed agent as provided for in Chapter	ept the appointment as re rovisions of all statutes r and accept the obligation	egistered agent and elating to the prop	d er
	Thomas Romitha Registered Agent's Signati	ure		·
	TASTORIAGE TEATH O DISTOR			

Page 1 of 2 (CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Chris Solecki 7008 Dusty Rd, Riverview,	FL	33569
			-
<u></u>			
(Use attachment if necessary)			
NOTE: An additional article must	be added if an effective date is requested.	04 JAN 29	STORIETAL CIVISION OF
Signature of a member or a (In accordance with section	an authorized representative of a member. 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury	9 AM 9: 40	CORPORATIONS

Filing Fees: \$100.00 Filing Fee for Articles of Organization

Chris Solecki

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee