L040W010563

| ` ' | |
|---|----------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone # | f) |
| PICK-UP WAIT | MAIL |
| (Business Entity Name |) |
| (Document Number) | |
| Certified Copies Certificates o | f Status |
| Special Instructions to Filing Officer: Call when Recommendations 3 Star \$2.04 | . Dy |
| 2 4- 4104 | f |

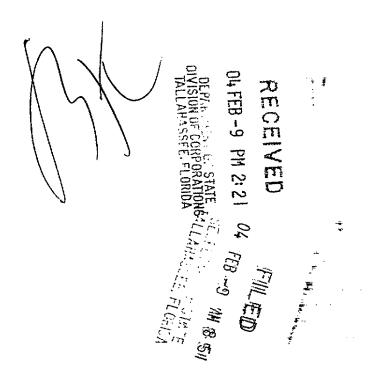
(Requestor's Name)

Office Use Only



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02/09/04--01059--009 **125.00]



TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: ANDERSON'S CONSTRUCTION CLEANUP FIL. CO. (Name of Limited Liability Company) |
| (Name of Limited Liability Company) |
| (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: |
| (Name of Person) |
| ANDERSONIS CONSTRUCTION CLEANUP LL.F. (Firm/Company) |
| 1447 STONE ROMO Apt. 81 (Address) |
| TALLAHOSSEE, FL 32303 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Name of Person) at (450) 443 - 8284 (Area Code & Daytime Telephone Number) |
| STREET ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations |

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liebility Company is: |
|---|
| The name of the Limited Liability Company is: |
| |
| ANDERSON'S CONSTRUCTION CLEANUP ELC. |
| |
| ARTICLE II - Address: |
| The mailing address and street address of the principal office of the Limited Liability Company is: |
| Principal Office Address: Mailing Address: |
| Principal Office Address: Mailing Address: |
| 1447 STONE RO. DOT 81 1447 STONE RO. ACT. 81 |
| 1447 STONE DO. OPT. 81 1447 STONE CO. Apt. 81 TALLAHASSEE. FL. 32303 MILLAHASSE, FL. 32303 |
| |
| |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: |
| |
| The name and the Florida street address of the registered agent are: |
| Lory J. ANDERSON |
| Name |
| |
| 1447 STONE 2D. Apt. 81 |
| Florida street address (P.O. Box NOT acceptable) |
| |
| 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..

egistered Agent's Signature

(CONTINUED)

| The name and address of each Manage | or or Managing Member is as follows: |
|---|---|
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
| "min RAM" | LORY J. ANDERSON 1447 STONE RD. APT. 81 TALLAHASSEE, FL 32303 |
| · | |
| | |
| <u> </u> | |
| (Use attachment if necessary) NOTE: An additional article must b | e added if an effective date is requested. |
| (In accordance with sec of this document consti that the facts stated her | r or an authorized representative of a member. etion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury ein are true.) Complete Solumed 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 IV- Manager(s) or Managing Member(s):