

L04000045910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10-18-04

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

MARK REAVES & SONS 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:

MARK REAVES

(Name of Person)

MARK REAVES & SONS Construction LLC

(Firm/Company)

17 N.E 565 Street

(Address)

OLD TOWN, FL 32680

(City/State and Zip Code)

For further information concerning this matter, please call

MARK E REAVES

(Name of Person)

at 352 542 3378

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

MARK REAVES & SONS Construction, LLC

**ARTICLE II - Address:**

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

Principal Office Address:

17 N.E. 565 Street  
OLD TOWN FL  
32680

Mailing Address:

SAME

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TALLAHASSEE, FLORIDA

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**  
The name and the Florida street address of the registered agent are:

MARK E REAVES  
Name

17 N.E. 565 Street

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

Old Town FLORIDA 32680  
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.

  
Registered Agent's Signature

**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

MARK E. REAVES  
17 N.E. 565 ST.  
OLD TOWN FL. 32680

MGRM

Jeremy M. Reaves  
17 N.E. 565 ST  
Old Town, FL 32680

MGRM

PATRICK E. Reaves  
17 NE 565 ST  
Old Town, FL 32680

MGRM

KEVIN C. REAVES  
17 NE 565 ST  
Old Town FL 32680

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



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.)

MARK E REAVES

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**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)