

L040000 46253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

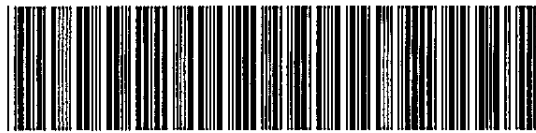
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500036231595

06/21/04--01017--024 \*\*125.00

DIVISION OF REVENUE

04 JUN 21 09:11:08

TALLAHASSEE, FLORIDA

04 JUN 21 09:11:08

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AJL Construction, LLC.  
(Name of Limited Liability Company)

The enclosed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Certificate of Existence, and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam Latacz [LATACZ]  
(Name of Person)

AJL Construction  
(Firm/Company)

2144 Plantation Forest Dr.  
(Address)

Tallahassee FL 32312  
(City/State and Zip Code)

STATE  
SECRETARY  
TALLAHASSEE, FLORIDA  
JUN 21 AM 11:15

For further information concerning this matter, please call:

Adam Latacz  
Susan Jackson at ( 850 ) 877-1718  
(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:

A.J.L. Construction L.L.C.

### ARTICLE II - Address:

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

#### Principal Office Address:

2144 plantation Forest Dr.  
Tallahassee FL 32317  
850 872-1768

#### Mailing Address:

2144 plantation Forest Dr.  
Tallahassee FL 32317  
850 872-1768

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

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

Adam Latance  
Name

2144 plantation Forest Dr.  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32317  
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.

[Signature]  
Registered Agent's Signature

(CONTINUED)

DA JUN 21 09:11:15  
TALLAHASSEE, FLORIDA  
STATE

**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:**

"MGRM"

Adam Lafaez  
2144 Plantation Forest Dr.  
Tallahassee FL 32317  
(850) 8771718

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Adam Lafaez  
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.)

Adam Lafaez  
Typed 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)