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2004 JUH 24 P 2: 49 SECRETARY OF STATE (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP MAIT WAIT MAIL (Business Entity Name) (Document Number) Certified Copies ___ Certificates of Status _ Special Instructions to Filing Officer: wood-20017

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TRANSMITTAL LETTER

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TO:

Registration Section Division of Corporations 7381 JUL 24 P 2: 49

SECRETARY OF STATE

SUBJECT: E.O. 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:

ED ORLOWSKI	
	(Name of Person)
	(Firm/Company)
32040 CROMWELL LANE	
	(Address)
ZEPHRYHILLS, FLORI	IDA 33543
	(City/State and Zip Code)
For further information concerning this mat	tter, please call:
LORI GELINAS	at (813) 996-1661
(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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

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2014 JUN 24 P 2: 49

SECRETARY OF STATE TALLAMASSEE, FLORION

May 24, 2004

ED ORLOWSKI 32040 CROMWELL LANE ZEPHRYHILLS, FL 33543

SUBJECT: E.O. CONSTRUCTION, LLC

Ref. Number: W04000020017

We have received your document for E.O. CONSTRUCTION, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 704A00036269

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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FLORIDA LIMITED LIAI	BILITY COMPANY 2004 JUN 24 P 2: 4
ARTICLE I - Name: The name of the Limited Liability Company is:	LELANTEST STATE
E.O. CONSTRUCTION, LLC	
ARTICLE II - Address: The mailing address and street address of the principal control of the pri	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
32040 CROMWELL LANE	SAME
ZEPHRYHILLS, FL 33543	
	

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

Edmund Orlowski

Name

32040 Cromwell Ln.

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

Zephyrhils FLORIDA 33543

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

Page 1 of 2 (CONTINUED)

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ARTICLE IV- Manager(s) or Managir The name and address of each Manager of	ng Member(s): or Managing Member is as follow	s: 2304 JUN	24 P 2: 49
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	TAULAR VA	SYSTEMEN STATE
PRESIDENT	EDMUND ORLOWSKI, JR 32040 CROMWELL LANE ZEPHRYHILLS, FL 33543		
			- - -
(Use attachment if necessary)			- - -
NOTE: An additional article must be REQUIRED SIGNATURE:	added if an effective date is req	uested.	
Signature of a member or an audit of this document constitutes an authat the facts stated herein are transfer of the facts.	uthorized representative of a member 408(3), Florida Statutes, the execution iffirmation under the penalties of perjury i.e.)		

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)