

LO46600 48208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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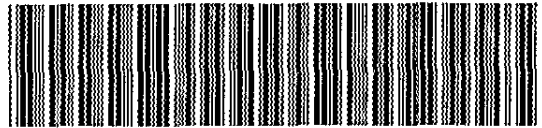
(Business Entity Name)

(Document Number)

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OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sanders Construction Services, 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:

Kelly Sanders
(Name of Person)

Sanders Construction Services, LLC
(Firm/Company)

7651 NE 128th Ln.
(Address)

Bronson, FL, 32621
(City/State and Zip Code)

For further information concerning this matter, please call:

Kelly Sanders at (352) 486-8134
(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

SECRET
TALLAHASSEE, FLORIDA

34 JUL 15 09 1:30

FILED

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sanders Construction Services, LLC

ARTICLE II - Address:

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

Principal Office Address:

7651 NE 128th Ln.

Bronson, FL 32621

Mailing Address:

PO Box 574

Bronson, FL 32621

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

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

Kelly Sanders
Name

7651 NE 128th Ln
Florida street address (P.O. Box **NOT** acceptable)

Bronson FLORIDA 32621
City, State, and Zip

FILED
CLERK OF DISTRICT COURT
JULY 5 11 11 AM
TALLAHASSEE FLORIDA

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..

Kelly Sanders
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

Kelly Sanders
7651 NE 128th Ln.
Bronson, FL 32621

MGRM

Mary Katherine Carroll Sanders
7651 NE 128th Ln
Bronson FL 32621

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Mary K. Carroll Sanders
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.)

Mary K. Carroll Sanders
(MGRM)
Typed or printed name of signee

RECEIVED
TALLAHASSEE, FLORIDA

04 JUN 15 PM 1:38

FILED

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)