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(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
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TRANSMITTAL LETTER

Registration Section Division of Corporations

Tallahassee, Florida 32399

TO:

SUBJECT: B&D CONSTRU	ICTION & SERVICES LL
(Name of Limit	ted Liability Company)
The enclosed Articles of Organization and fee(s) are su	•
Please return all correspondence concerning this matter	r to the following:
MARIA DLADLA (Name of Person)	PN : 10
B&D CONSTRUCTO (Firm/Company)	N & SERVICES LLC
P.O. BOX 3350 (Address)	
TALLAHASSEE, FL 36 (City/State and Zip Code)	1315-3350
For further information concerning this matter, please of	eali:
MARIA DLADLA (Name of Person)	at (850) 574-1339 (Area Code & Dayrime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status	155.00 Filing Fee & S160.00 Filing Fee, Certified Copy additional copy is enclosed) Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	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	:
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The name of the Limited Liability Company is:

CONSTRUCTION & SERVICES **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

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

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

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..

(CONTINUED)

The name and address of each Manager of	or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MARIA DLADLA MGR	2290 MAGNOLLA CIRCO TALLAHASSEE, FL 32301
MICHELLE BOYLAND MORM	4708 LARAMIE SKY DR COLORADO SOPINGS COLORADO 80922
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	JUL 10
(Use attachment if necessary)	\$ 1888 A
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	

ARTICLE IV- Manager(s) or Managing Member(s):

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.)

MARIA DLA DLA
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)