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TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: From The Ground (Name of L	Up Canst, LLC imited Liability Company)
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Kenneth R. Davis (Name of Person)	
From The Ground Up Co (Firm/Company)	owst., LZC
62 Quapaw St. (Address)	
Crawfordville, FL. 32 (City/State and Zip Code)	327
For further information concerning this matter, plea	se call:
Kenneth R. Davis (Name of Person)	at (850) 321-9675
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ Certificate of Status	S \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
409 E. Gaines Street	P.O. Box 6327

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

From The Fround up Const., LLC **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 62 Quapan St. Crawford villey FL.

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

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

Name

65 Reafow 51

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

Tanaces FL 32346

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)

ARTICLE IV- Manager(s) or Manager The name and address of each Manager	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Kenneth R. Davis ba Quepen St. Crewfordville, FL 32327
MGRM	Randy G. Bucket 65 Becton Panacea, FL. 32346
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Kennets Signature of a member	or an authorized representative of a member.
(In accordance with section of this document constituted that the facts stated herein	on 608.408(3), Florida Statutes, the execution stes an affirmation under the penalties of perjury in are true.)
<u>Kenneth</u> Type	R. Davis ed 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)