## Florida Department of State

Division of Corporations Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000201865 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

: AGENTS AND CORFORATIONS, INC Account Name

Account Number : I20010000112 Phone : (302)575-0875 Fax Number : (302)575-0925

## LIMITED LIABILITY COMPANY

All Purpose Construction, LLC

Certificate of Status	6
Certified Copy	0
Page Count	01
Estimated Charge	\$125,00

Electropic Pilips Maph

Comparie Filing

Bublic Access Help

9025751642 20257E1842

T-711 P.02/02 F-716 T-688 P.02/02 F-697

Oct-06-04 09:80am

From-THE WILLIAMS LAW FIRM PA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company...

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is: 215 E. Grant Street, Orlando, FL 32806

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

-- the Florida street address of the registered agent are:

-- North 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 60B, F.S. lemanden

Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ARTICLE IV - Member(s):

The initial Member(s) of the Limited Liability Company shall be:

Nool A. Nickerson

215 E. Grant Street Orlando, FL 32806

Signature of a member of 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 porjury that the facts stated herein are true.)

Noel A. Nickerson

Typed or printed name of signee