

Division of Corporations

of 1

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Florida Department of State
Division of Corporations
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FLORIDA

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LIMITED LIABILITY COMPANY

Parry Scruggs Const. & Maint. LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Parry Scruggs Const. & Maint. LLC**

ARTICLE II - Address

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

Principal Office Address:

32 9th Avenue

Shalimar, FL 32579

Mailing Address:

32 9th Avenue

Shalimar, FL 32579

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

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

Parry W. Scruggs

Name

32 9th Avenue

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Shalimar, FL 32579

(City / State / 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.


Registered Agent's Signature - Parry W. Scruggs

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

The name and address of each Manager or Managing Member is as follows:

Title:Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRMParry W. Scruggs- 32 9th Avenue, Shalimar, FL 32579MGRMMarvin Bailey- P.O. Box 2954, Fort Walton Beach, FL 32579

(Use attachment if necessary)

REQUIRED SIGNATURE:



 Signature of a member or 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.)

Parry W. Scruggs

Typed or printed name of signee

 OFFICE OF STATE
 CLERK
 TALLAHASSEE, FLORIDA

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