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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

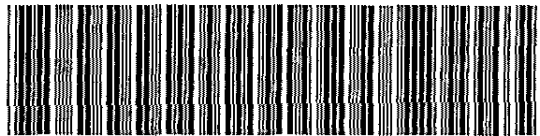
(Business Entity Name)

(Document Number)

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11/12/04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DILL Construction 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:

Mike DILL
(Name of Person)

DILL Construction LLC
(Firm/Company)

1620 Stonecrop St
(Address)

Sebastian FL 32958
(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Dill at 772-360-8725
(Area Code & Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dill Construction LLC

ARTICLE II - Address:

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

Principal Office Address:

Mike Dill
1620 Stonecrop St
Sebastian FL 32958

Mailing Address:

Mike Dill
PMB 221
1133 Bal Harbor Blvd., Suite 1139
Punta Gorda, FL 33950 - 6574

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

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

Mike Dill
Name

1620 Stonecrop St.
Florida street address (P.O. Box **NOT** acceptable)

Sebastian FL 32958
City, State, and Zip

SECRET
JAN 12 2004

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..

* Mike Dill
Registered Agent's Signature

(CONTINUED)

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

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

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
<u>MGR</u>	<u>Mike Dill</u> <u>1620 Stonecrop St</u> <u>Sebastian FL 32958</u>
<u>MGR</u>	<u>Wan Almendinger</u> <u>1620 Stonecrop St</u> <u>Sebastian FL 32958</u>
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(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Mike Dill
 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.)

Mike DILL
 Typed or printed name of signee

SECRETARY OF STATE
 2011 MAR 12 P 3:43
 FILED

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)