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# TRANSMITTAL LETTER

INANOMII IAU EUI IEN
TO: Registration Section Division of Corporations
SUBJECT: Don R. Construction UC (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:
Name of Person)
Don R. Construction LLC (Firm/Company)
7435 Floral Circle E.
Lakeland FL 33810 (City/State and Zip Code)
For further information concerning this matter, please call:
DonalD Roymon Culver at 863 4/2-3930 (Name of Person) (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\int \text{\$125.00 Filing Fee}  \text{\$130.00 Filing Fee} \text{\$\int \$155.00 Filing Fee} \$\int \$\int \$\text{\$\int \$\int \$\
Enclosed is a check for the following amount:
\$\bigcup \\$125.00 \text{ Filing Fee & Certificate of Status} \bigcup \\$155.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \bigcup \\$160.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \bigcup \\$160.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \bigcup \\$160.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \bigcup \\$160.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \bigcup \\$160.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \bigcup \\$160.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \bigcup \\$160.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \bigcup \\$160.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \bigcup \bigcup \\$160.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \bigcup \bi

### 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Don R. Const	ruction LLC
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7435 Floral Circle E. Lakeland, FL 33810	7435 Floral Circle E. Lakland, FL 33810
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	gistered agent are:
Don C	Ner
•	ess (P.O. Box NOT acceptable)  FL 33810
	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as

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

(CONTINUED)

Page 1 of 2

<u> </u>	Name and Address:
'MGRM" = Managing Member	
_MGR_	Don Culver 7435 Floral Circle E Lakeland, FL 33810
Use attachment if necessary)	
NOTE: An additional article must	he added if an effective date is requested

**REQUIRED SIGNATURE:** 

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.)

Typed or printed name of signee

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)