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TRANSMITTAL LETTER

TO: Registration Se Division of Cor				
SUBJECT: Rock Har				
	(Name of Limite	d Liability Com	pany)	
	f Organization and fee(s) are s			
Please return all correspondence	ondence concerning this matte	er to the followin	ıg:	
Robert F	. Thomas			
.	(Name of Person)		
Rock Harbor Constru	uction, LLC			
	(Firm Company)		2 8
				E E
	104 Coral Way			2004 DEC 14 PH 3: 14 2004 DEC 14 PH 3: 14 ENVISION OF CORPORATION TALLAHASSEE, FLORIC
		(Address)		SSS = [
				FF 22
	Kaul area El arida 22027	ı		프를 <mark>과</mark>
- /	Key Largo, FLorida 33037	State and Zip Coo	le)	 광등 -
	(4-4)		,	AN
For further information	concerning this matter, please	call:		
Bob Thomas	-£D	at (305	852 1791	f . 1 37 1
(Name	of Person)	(Area Co	de & Dayume 16	elephone Number)
Enclosed is a check fo	r the following amount:			
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 l Certified Co (additional copy	py	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STRE	ET ADDRESS:		MAILING A	DDRESS:
Registration Section			Registration S	ection
Division of Corporations 409 E. Gaines Street			Division of Co P.O. Box 6327	

Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399

	NIZATION FOR	FLORIDA LIMITED LIABI	LITYCOVEANY
ARTICLE I - Name: The name of the Limite	d Liability Company	is:	THE SEE
ROCK HARBOR CO	NSTRUCTION, LLC		'
ARTICLE II - Address The mailing address and		principal office of the Limited I	Liability Company is:
Principal Office Addr	ess:	Mailing Address:	
104 CORAL WAY		104 CORAL WAY	
KEY LARGO, FL 33037		KEY LARGO, FL 33037	
The name and the Flori	ROBERT F. THOMAS		
	Na	me	
10	4 CORAL WAY		
	Florida street	address (P.O. Box NOT acceptable)	
KE	EY LARGO, FL. 33037	FI.	
	City, Sta	te, and Zip	
liability company at registered agent and ag statutes relating to the	the place designated gree to act in this capa e proper and complete	to accept service of process for th in this certificate, I hereby accept acity. I further agree to comply wi be performance of my duties, and I de egistered agent as provided for in	the appointment as th the provisions of all am familiar with and
	Registered Age	ent's Signature	

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member MGR MGR ROBERT F. THOMAS 104 CORAL WAY KEY LARGO, FLORIDA, 33037

(Use attachment if necessary)

NOTE: An additional article must be 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.)

ROBERT F. THOMAS

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)