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(Requestor's Name)		
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(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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TRANSMITTAL LETTER

FILED

TO: Registration Section

Division of Corporations

IAN -3 PM 2: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

Refusio Garcia at (229) 3776889

(Name of Person) (Area Code & Daytime 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 & ☐ \$160.00 Filing Fee, Certified Copy

(additional copy is enclosed)

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

FILED ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I_- Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Construction L.L.S

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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

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

Refugio Garcia

564 Wood Berry Rd

Florida street address (P.O. Box NOT acceptable)

Quincy FL 32351

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..

Refugio of cycin Registered Agent's Signature

(CONTINUED)

The name and address of each N	Manager or Managing Member is as follows:	FILED
Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Mamban	Refugio Garcia	
"MGRM" = Managing Member		SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGRM	1206 5 st NE	TALLAHASSEE, FLORIDA
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(Use attachment if necessary)		
NOTE: An additional article	must be added if an effective date is requ	ested.
REQUIRED SIGNATURE:		
Refu	el cuis	
Signature of a	member or an authorized representative of a men	nber.
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of this docume	with section 608.408(3), Florida Statutes, the executent constitutes an affirmation under the penalties of petated herein are true.)	ion erjury
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PM 2: 12

\$ 5.00 Certificate of Status (Optional)