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PICK-UP		WAIT	MAIL
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Certified Copies	_ c	ertificates	of Status
Special Instructions to	o Filing O	fficer:	
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SECRETARY OF STATE

## ' TRANSMITTAL LETTER

TO: Registration Section Division of Corporation							
SUBJECT: Can it Const		ir: Lilly Comme				<b></b>	
	(Name of Limited	i Liability Comp	oany)				
The enclosed Articles of Or	ganization and fee(s) are su	ıbmitted for filir	ıg.				
Please return all correspond	ence concerning this matter	r to the followin	g:				
Jeffrey Ruck	ks or Robert Kosack		·		_		
	(D)	lame of Person)					
Con It Construction Son	adaan II.C						
Can It Construction Ser		irm/Company)		<u></u>		<del></del>	-
					<b>5</b>	~*	
1516 Poe Aven	nue				SECRE	305 JAN 10	
		(Address)			TAR ASS	<b>35</b>	7
					E O		F
Orlando,	FL 32806				L'S	ד	E.
	(City/S	State and Zip Cod	e)	<del></del>	RET	P % 19	
					⊅m	٩	
For further information con-	cerning this matter, please of	call:					
Jeffrey Rucks		. 407	、858-9419				
(Name of I		at ( 407 (Area Co	de & Daytime Te	lephone Nurr	iber)	-	
Enclosed is a check for the	ne following amount:						
	J \$130.00 Filing Fee & Pertificate of Status	□ \$155.00 F Certified Cop (additional copy	ру	S160.0 Certificat Certified (additional	te of State	tus &	
STREET	ADDRESS:		MAILING A	DDRESS:			
	on Section		Registration S				
	of Corporations ines Street		Division of Co P.O. Box 6327			,	

Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is	:			
Can It Construction Services, LLC			<del></del>	
ARTICLE II - Address:	e de la companya del companya de la companya del companya de la co	-		
The mailing address and street address of the p	orincipal office of the Limited	l Liabilit	y Comp	any is:
Principal Office Address:	Mailing Address:			
1516 Poe Avenue	1516 Poe Avenue			
Orlando, FL 32806	Orlando, FL 32806			
ARTICLE III - Registered Agent, Registere The name and the Florida street address of the Kent Robert Kosack		RY OF	iature:	
Nam	e	STATE	?; -	
1919 Magnolia Avenue			۔	
Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)	•		
Winter Park	<sub>FL</sub> 32792			
City, State	, and 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

(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> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Kent Robert Kosack	
	1919 Magnolia Avenue Winter Park, FL 32792	
MGRM	Jeffrey Scott Rucks	1 -
	1516 Poe Avenue	
	Orlando, FL 32806	•
	SEC 2015	
(Use attachment if necessary)  NOTE: An additional article must	be added if an effective date is requested.	
REQUIRED SIGNATURE:	F STAT	Ö
Signature de a membre	A Rucks For an authorized representative of a member.	
(In accordance with se	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury	

Jeffrey S. Rucks

Typed or printed name of signce

#### 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)