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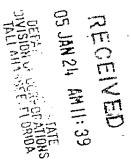
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STOKETAN OF STATE TAT LAMASSEE, FLORIDA



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	FILED	
SUBJECT: Best Con (Name of Limited I	O5 IAN 24 PM 12: 01; Struction Production of the diability Company) IALLAHASSEE, FLORIDA	
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Emory A	Corley ne of Person)	
Best Constrution (Firm/Company)		
3501 Suppurst loop Talla Fla		
Talla, Fla 32305 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Many Corley at /(Name of Person)	(850) 322-0388 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 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	

WICLES OF ORGANIZATION FOR FL	FILED
ARTICLE I - Name: The name of the Limited Liability Company is:	05 IAN 24 PM 12: 04 DECRYTARY OF STATE.
Best Construct	ion Production UC
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3501 Sunburst loop Talla, Fla 32305	Same
The name and the Florida street address of the remains a street address of the remains and the Florida street address of the remains a street address of the r	egistered agent are: Con Le 4
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Tq//q, City, State, as	FL 32305 and Zip
liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete	ticcept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S
Registered Agent's	3. Cerly Signature

(CONTINUED)

Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	FILED
MGRM	Grow Construct 24 PM 12: 04 3501 Sunburst - Good STATE Talla, Fla 37205: STATE, FLORIDA
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE:	
Emery	a Corly
Signature of a member	or an authorized representative of a member.
(In accordance with secti of this document constitu that the facts stated her	on 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)
Emory	A Corley ed 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)

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