## L-0500000 8567

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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		1/2/
	Office Use Only	(1) Mor



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SECRETARY OF STATE

## TRANSMITTAL LETTER

TO:

TO: Registration Section Division of Corporation			· -			
SUBJECT: ARCHITEC	TURAL & CONSTRUCT (Name of Limite				<del></del>	
The enclosed Articles of C	rganization and fee(s) are s	submitted for fili	ng.			
Please return all correspon	dence concerning this matte	er to the followin	ng:			
LOC K. NO	·	Name of Person)				
	(	Name of Person)				
	(	(Firm/Company)	<del></del>		<u></u>	_
					SEI	2005
6900 TALLOV	/ TREE ROAD				≥23:	<u>_</u>
SANFO	RD, FL 32771	(Address)			TARY OF S ASSEE, I'L	2005 JAN 18 AM 10: 42
For further information co.	(City	State and Zip Coo	de)		URIDA ORIDA	0։ կ2
LOC K. NGUYEN		at (_407	302-2835			
(Name of	Person)	(Area Co	ode & Daytime To	elephone Numbe	т)	
Enclosed is a check for t	he following amount:					
<del></del>	<b>Z</b> \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Exertified Co (additional cop.)		S160.00 Certificate of Certified Conditional condition	of Status lopy	&
Registrat	Γ ADDRESS: ion Section of Corporations		MAILING A Registration S Division of Co	ection		

P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street

Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
ARCHITECTURAL & CONSTRUCTION ENGINEERING, LLC			
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited L	iability Company is:	
Principal Office Address:	Mailing Address:		
6900 TALLOW TREE ROAD	SAME		
SANFORD, FL 32771			
	e registered agent are:  ne  D  address (P.O. Box NOT acceptable)	2005 JAN 18 AM 10: 42  asecretary of State  seallahassee, florid,	
SANFORD, FL 32771 City, State	FL e. and Zip		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capact statutes relating to the proper and completed accept the obligations of my position as registered Agent Registered Agent Agent Park Park Park Park Park Park Park Park	o accept service of process for the n this certificate, I hereby accept t city. I further agree to comply wit performance of my duties, and I a	the appointment as th the provisions of all tm familiar with and	

(CONTINUED)

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ARTICLE	IV- Mana	ger(s) or N	Managing	Member(s):

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

"MGR" = Managing Member  MGR  LOC K. NGUYEN, P.E.  6990 TALLOW TREE ROAD  SANFORD, FL 32771   (Use attachment if necessary)  NOTE: An additional article must be added if an effective date is requested  REQUIRED SIGNATURE:  Signature of a member of 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.)  LOC K. NGUYEN  Typed or printed name of signee	<u>Title:</u>	Name and Address:
(Use attachment if necessary)  NOTE: An additional article must be added if an effective date is requested signature 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.)  LOC K. NGUYEN  Typed or printed name of signee		
(Use attachment if necessary)  NOTE: An additional article must be added if an effective date is requested.  REQUIRED SIGNATURE:  (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.)  LOC K. NGUYEN  Typed or printed name of signee	"MGRM" = Managing Member	
(Use attachment if necessary)  NOTE: An additional article must be added if an effective date is requested.  REQUIRED SIGNATURE:  (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.)  LOC K. NGUYEN  Typed or printed name of signee	MGR	LOC K. NGUYEN, P.E.
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Typed or printed name of signee	of this document cons	titutes an affirmation under the penalties of perjury
Filing Fces:	T	yped 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)