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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(,,,					
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(Document Number)					
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TRANSMITTAL LETTER

TO:

Registration Section

Divis	ion of Co	rporations			
SURJECT: N	vletcalfe	Construction Management	LLC		
SOBJECT.		(Name of Limite		any)	···
The enclosed A	Articles of	f Organization and fee(s) are s	ubmitted for filin	g.	
Please return a	ll corresp	ondence concerning this matte	er to the following	;;	
1	H. B. Stiv	vers			
_		(1	Name of Person)		
Law Firm of	Levine &		F:/C		
		(Firm/Company)		05 FEB -
245	East Vii	ginia Street			
			(Address)		
	Talla	nassee, Florida 32301			M 9: 29 STATE FLORID
			State and Zip Code)	
		• •	-		V
For further info	ormation o	concerning this matter, please	call:		
H.B.			at (850	222-6580	
	(Name	of Person)		e & Daytime Te	lephone Number)
Enclosed is a	check fo	r the following amount:			
7 \$125.00 Fili	ing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Fi Certified Copy (additional copy	y	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	STRE	ET ADDRESS:		MAILING AI	DDRESS:
Registration Section Division of Corporations			Registration Section		
			Division of Corporations		
409 E. Gaines Street Tallahassee, Florida 32399		P.O. Box 6327 Tallahassee, Florida 32314			
Tahanassee, Florida 32399			I allaliassoo, I Tollida 32314		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Metcalfe Construction Management LLC				
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:			
8051 Rocky Woods Road,				
Tallahassee, Florida 32305	Tro of			
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:			
The name and the Florida street address of the re	gistered agent are:			
James Metcalfe				
Name				
8051 Rocky Woods Road				
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)			
Tallahassee , Florida 32305 City, State, an	FL d 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)

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: "MGR" = Manager "MGRM" = Manag	Name and Address: ing Member
"MGRM"	James Metcalfe
	8051 Rocky Woods Road
	Tallahassee, Florida 32305
(Use attachment if r	necessary) Onal article must be added if an effective date is requested.
REQUIRED SIGN	
_	Jam Metal
Si	gnature of a member or an authorized representative of a member.
(Io	n accordance with section 608.408(3), Florida Statutes, the execution this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
ڼ	ames Metcalfe
	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)