

LD50000010707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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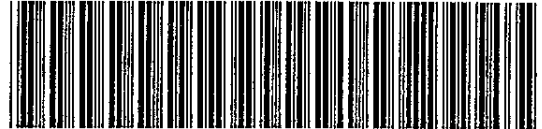
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CA-22-05

January 14, 2005

Division of Corporations  
Post Office Box 6327  
Tallahassee, Fl 32314

Advanced Contractors  
1907 Jacaranda  
Ft Pierce, Fl 34949

To Whom It May Concern:

Advanced Contractors, L.L.C.  
Charles R Thorpe  
1907 Jacaranda  
Ft Pierce, Fl 34949

Day Time Phone Number:  
772-360-8586

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

ADVANCED CONTRACTORS, L.L.C.

### ARTICLE II - Address:

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

#### Principal Office Address:

1907 JACARANDA  
FT PIERCE, FL 34949

#### Mailing Address:

1907 JACARANDA  
FT PIERCE, FL 34949

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

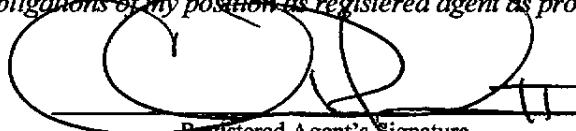
The name and the Florida street address of the registered agent are:

CHARLES R. THORPE  
Name

1907 JACARANDA  
Florida street address (P.O. Box **NOT** acceptable)  
FT PIERCE, FL 34949  
City, State, and Zip

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*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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

CHARLES R. THORPE

1907 JACARANDA

FT PIERCE, FL 34949

MGR

ANDREW PERRY

1907 JACARANDA

FT PIERCE, FL 34949

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**



Signature of a member or 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.)

CHARLES R. THORPE

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)

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