

L05000011327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

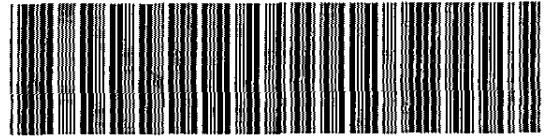
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CORP PLAY

Office Use Only



300046338863

02/18/05--01031--018 \*\*70.00

01/26/05--01038--003 \*\*125.00

FILED  
05 FEB -3 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\$125.00

CORPORATE  
ACCESS,  
INC.

L05006011327

236 East 6th Avenue Tallahassee, Florida 32306

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

WALK IN

PICK UP

2/3 (circled)

CERTIFIED COPY

CUS

PHOTO COPY

FILING

LLC

FILED  
05 FEB -3 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1.) Job Site, LLC  
(CORPORATE NAME & DOCUMENT #)

2.)  
(CORPORATE NAME & DOCUMENT #)

3.)  
(CORPORATE NAME & DOCUMENT #)

4.)  
(CORPORATE NAME & DOCUMENT #)

5.)  
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

RECEIVED  
05 FEB -3 AM 11:38  
REDACTED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Job Site, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**216 Mountain Drive # 100  
Destin, FL 32542**Mailing Address:**216 Mountain Drive # 100  
Destin, FL 32541**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Timothy L. Henderson

Name

216 Mountain DriveUNIT 100Florida street address (P.O. Box NOT acceptable)Destin, FL 32541FL

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)

FILED  
05 FEB -3 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGRM \_\_\_\_\_

Timothy L. Henderson

216 Mountain Drive #100

Destin, FL 32541

MGRM \_\_\_\_\_

Michael Henderson

216 Mountain Drive #100

Destin, FL 32541

MGRM \_\_\_\_\_

(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.)

Timothy L. Henderson

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**