## 05000038980

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
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ALLAHASSEE FLORI

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## TRANSMITTAL LETTER

	ation Section n of Corporations			
SUBJECT:	CONSTRUCTION (Name o	f Limited Liability Company)	Dy ICE	<u>L</u> L <
	ticles of Organization and fee(s	-		
Jen	(Name of Person)	<u>II</u>		
Const	Euc TION Posic (Firm/Company)	N SORVICES L	LC	05 A
207 Bava	South Washing (Address)  Ly Wills FC  (City/State and Zip Coo	34461		LAHASSEE FLORID
For further inform	mation concerning this matter, p  Name of Person)	at ( <u>352</u> ) <u>46</u> (Area Code & Daytime Tel	4 077/ ephone Number)	_
Enclosed is a check for	the following amount:			
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fe Certificate of Sta Certified Copy (additional copy is en	itus &
STREET ADDRESS: Registration Section		MAILING Registration	ADDRESS:	

Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

CONSTRUCTION DESIGN SERVICES LLC

### **ARTICLE II - Address:**

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

**Principal Office Address:** 

Mailing Address:

207 SOUTH WASHING ON ST BEYENLY HITE FL 34461 207 SQUTH WASHINGTON ST BOTONILL NUK FL 24/14

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

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

Name

1797 N. Furzine Tonnie

License FL 34464

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..

egistered 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	
MGRM	JOHN PORRY 1797 N. FRITURE TOMAY LOCANTO HE BUILT

(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.)

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)