L0500004a346

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(City	//State/Zip/Phone	; #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
	Office Use Only	



700051352837

04/25/05--01033--003 **125.00

en Gr

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Constant Installations (CC (Name of Limited Liability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
GEORGE CONSTANT (Name of Person)			
Constant Installations LCC (Firm/Company)	•		
13754 72 no Ct. North			
WGS+ Palm Beach FloriDa 33412 (City/State and Zip Code)			
For further information concerning this matter, please call:			
GEORGE Conshant at (561) 333 - 0013 (Name of Person) (Area Code & Daytime Telephone Number)			

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ج

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Constant Installation	is LLC
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13754 720 Ct. No	13754 7200 Cts N.
Word PAlm Beach	WEST PAlm BEACH
FloriDA 33412	FloriDA 33412
ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the registered Of Name 13754 72 00 Ch	istered agent are:
West Palm Beach City, State, and	FLORIDA 33412 Zip
ing been named as registered agent and to accept service pany at the place designated in this certificate, I hereby to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar w registered agent as provided for in Cha	accept the appointment as registered agent and the provisions of all statutes relating to the proper th and accept the obligations of my position as
No Count	> '. '. '?
Registered Agent's Sig	gnature

Page 1 of 2 (CONTINUED)

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Signature of a prember 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.)

Con a Call

of yped 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)

Page 2 of 2