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ALLAHASSEE FLORID

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Jasa Paul Ho (Name of Limited Liabi	nderick Construction Le
The enclosed Articles of Organization and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to the	following:
Jason Hond (Name of	Person)
Jason Paul Honder (Firm/Co	ompany)
1710 Hull Dr. (Add	ress)
Tallahussee FL (City/State at	32303 nd Zip Code)
For further information concerning this matter, please call:	
Jason Honderick at ( (Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Cert	\$155.00 Filing Fee & S160.00 Filing Fee, ified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section	MAILING ADDRESS:
Division of Corporations Division of Corporations	
409 E. Gaines Street P.O. Box 6327 Tallahassee, Florida 32399 Tallahassee, Florida 32314	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Javan Pavl Hond	erick Construction LLC
ARTICLE II - Address: The mailing address and street address of the printing.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	1710 Hall Drive Yallahusser FL 32303
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	gistered agent are:
Jasa Puul Name	Honderick
17 10 Ha 11 To Florida street address  Ta 110162 35EC  City, State, ar	ess (P.O. Box NOT acceptable)
Tallaga 35ec City, State, ar	FL 32303 d Zip
liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S
Registered Agent's	Signature

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows:

<b>3</b>	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Jacon Paul Honder, ik  1710 Hall Drive  Tallahassee FL, 32303
(Use attachment if necessary)  NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	-
Signature of a member or  (In accordance with section of this document constitute that the facts stated herein	an authorized representative of a member.  608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)  608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)
Filing Fees:  \$125.00 Filing Fee for Articles of Organiza of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	05 TÀLL/