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(Re	questor's Name)	
	dress)	
DA)	aress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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05 HAY 31 PM 12: 42
SEUNLHÁSSEE, FLORIDA

ILIN _ 9 7005

M Culligan

TRANSMITTAL LETTER

TO: Registration Section Division of Corporati	ons					
SUBJECT: Felix Construct		Liability Company)				
The enclosed Articles of Organ	nization and fee(s) are su	bmitted for filing.				
Please return all corresponden	ce concerning this matter	to the following:				
Hector H. Felix						
	4)	ame of Person)				
	(F	Firm/Company)				
2119 Lake Christy	/ Drive			TALLAHÁSSEE, FLORIDA	05	
		(Address)		AHA	A 3	T
Orlando, Fl	orida 32809			SEE	- P	
	(City/	State and Zip Code)		FLOR	1:2:1	
For further information concer	ning this matter, please	cail:		DA	72	
Hector H. Felix (Name of Per	son)	at (612) 990-6936 (Area Code & Daytime Te	elephone Number	·)		
Enclosed is a check for the	following amount:					
☐ \$125.00 Filing Fee ☐ 5	\$130.00 Filing Fee & tificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Certificate of Certified Co (additional cop	of Status & opy	ዩ	
STREET A Registration Division of		MAILING A Registration S Division of Co	ection			

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - I	Name: e Limited Liability (Company is:	
Felix Constructio	n Management LLC		
ARTICLE II - The mailing ad-		ress of the principal office of the Limited L	iability Company is:
Principal Offic	ce Address:	Mailing Address:	
2119 Lake Chris	ty Drive	2119 Lake Christy Drive	
Orlando, FLorida	<u> </u>	Orlando Florida 32809	
		, Registered Office, & Registered Agent	
	Hector H. Felix		ECT.
		Name	E FI
	2119 Lake Christ	y Drive	FILED 05 MAY 31 PH 12: 42 SEUNT ASSEE, FLORIDA
	Flo	orida street address (P.O. Box NOT acceptable)	
	Orlando	_{FL} 32809	2: L
		City, State, and Zip	NDA

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:		
140014	Hector H. Felix		
MGRM			
	2119 Lake Christy Drive Orlando, Florida 32809		
	Oriando, Florida 32009		
(Use attachment if necessary)			
NOTE: An additional article must	be added if an effective date is requested	05	
REQUIRED SIGNATURE:	LAHASS	05 MAY 31 PM 12: 42	1
Heeta 7	Ely En	70	
Signature of a member	er or an authorized representative of a member.	<u> </u>	-
	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)	2: 42	
Hector H. Feliy			

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)