105000062429

| (Re | equestor's Name) | |
|-------------------------|-----------------------|----------------|
| | | |
| (Ac | ldress) | |
| | | |
| (Ac | ldress) | |
| | . 13-1, 1 p-sp 5946,1 | 75 |
| (Cı | ty/State/Zip/Phone | ") |
| PICK-UP | WAIT | MAIL |
| _ | _ | <u></u> |
| · Br | usiness Entity Name | <u>a)</u> |
| , | | •, |
| (Do | ocument Number) | |
| · | · | |
| Certified Copies | Certificates of | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | • | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 7) 1/1 | | |
| 4 | Office Use Only | • |



200056196202

06/16/05--01024--010 **130.00

05 JUN 16 PM 2: 00
SEURE VAR 6 05 STATE ALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

| ☐ \$125.00 Filing Fee | ② \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | S160.00 Certificate of Certified Co | f Status & | |
|---------------------------|-----------------------------------------------|----------------------------------------------------------------------|-------------------------------------|---------------------------------------|-----------|
| | r the following amount: | Cl \$155 00 Eiling Egg & | □ ¢160.003 | Eilina Eag | |
| (Name | of Person) | (Area Code & Daytime To | elephone Number |) P | |
| Peter T. Stanley | | at (406) 255-7174 | | | • |
| For further information c | concerning this matter, please of | call: | | PH 2 00 | |
| | (City/ | State and Zip Code) | ÷ | HASS N I G | Section 2 |
| Billing | s, Montana 59103 | | *; | 95 JUN 16 SECRE PAR ALLAHASS | |
| | | | | Ŧ., 0 | |
| P.O. BOX 7 16 | | (Address) | | - | |
| P.O. Box 716 | ee. | | | | |
| <u>-</u> | (F | irm/Company) | | | |
| Law Office of Peter T | | | | | |
| | · | · | | | |
| Peter T. S | | Iame of Person) | | | |
| | | to the tone ring. | | | |
| | ondence concerning this matter | - | | | |
| The enclosed Articles of | Organization and fee(s) are su | bmitted for filing. | | | |
| | | Liability Company) | | · · · · · · · · · · · · · · · · · · · | |
| SUBJECT: RB Hanso | n Construction Consulting I | _LC | | | |
| Division of Corp | | | | | |
| 10: Registration Sec | | | | | |

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company | y is: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RB Hanson Construction Consulting LLC | - |
| ARTICLE II - Address: | |
| The mailing address and street address of the | he principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 27625 Waterford Way | 27625 Waterford Way |
| Wesley Chapel, FL 33544 | Wesley Chapel, FL 33544 |
| The name and the Florida street address of Rod Hanson N 27625 Waterford Way | Name Vame |
| Florida stre Wesley Chapel, FL 3354 | et address (P.O. Box NOT acceptable) |
| City, S | tate, and Zip |
| liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as | ed to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and a registered agent as provided for in Chapter 608, F.S |

(CONTINUED)

| The name and address of each Manager of | or Managing Member is as follows: | | |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------|--------|
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | | F |
| MGRM | Rod Hanson | _ | |
| | 27625 Waterford Way | | |
| | Wesley Chapel, FL 33544 | - | |
| | | - ` | |
| | | - - | |
| | | _ | |
| | | - - | |
| | | _ | |
| | | - | |
| (Use attachment if necessary) | TALI | - 05 | |
| NOTE: An additional article must be | added if an effective date is requested | | |
| REQUIRED SIGNATURE: Signature of a member of | r an authorized representative of a member of | 16 PM 2: 00 | T T |
| (In accordance with section of this document constitute that the facts stated herei | n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.) | | |
| Rod Hanson | | | |

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV- Manager(s) or Managing Member(s):

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)