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Certified Copies	_ Certificates	s of Status
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## TRANSMITTAL LETTER

TO: Registration S Division of Co			
SUBJECT:	Sourcewood Co.	restruction Servi	ces, LLC
	(Name of Limite	ed Liability Company)	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
	GERALD K	PAPPAPORT Name of Person)	
	QUINEWOOD Constru	cotra Services, (Firm/Company)	LLC FEE T
5	371 10th Ave N	V. Ste 3 (Address)	JUL 20 PH 1: 42
		F2 33463 (State and Zip Code)	12 
For further information	concerning this matter, please		
GERALO (Name	RAPPAPORT e of Person)	at ( <u>56/</u> ) <u>434-</u> (Area Code & Daytime To	elephone Number)
Enclosed is a check fe	or the following amount:		
\$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divisi 409 E	EET ADDRESS: tration Section ion of Corporations . Gaines Street nassee, Florida 32399	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Com	pany is:
Sourcewood Con	struction Services, LIC
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
S371 10th AVENUE North CREENE CREE, FL 33463  ARTICLE III - Registered Agent, Re	egistered Office, & Registered Agent's Signature
6388 Florida Laxe Wor	Sof the registered agent are:  RAPPAPORT  Name  Source address (P.O. Box NOT/acceptable)  H FL 33467  ity, State, and Zip
	the state of the state of the state of the state of

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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	6388 Squirewed way Lake worth, FL 3346
MGRM	YINI PERE DE AVENTE 19496 BOCA RIVER CINCH BOCA RATON, FL. 33434
(Use attachment if necessary)	
NOTE: An additional article mus	st be added if an effective date is requested.
(In accordance with s	ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution
of this document con that the facts stated	stitutes an affirmation under the penalties of perjury I herein are true.)
<u>Ge</u>	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)

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