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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

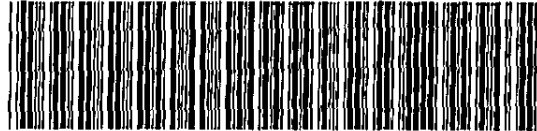
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

LA 07/07/05

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tacumsa Contracting LLC  
(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:

Sharon F. Boyington  
(Name of Person)

Tacumsa Contracting LLC  
(Firm/Company)

4641 S. Slash Pine Ave  
(Address)

Homasassa FL 34446  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon F. Boyington at (352) 422 2708  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 28, 2005

SHARON F. BOYINGTON  
TACUMSA CONTRACTING LLC  
4641 S. SLASH PINE AVE.  
HOMOSASSA, FL 34446

SUBJECT: TACUMSA CONTRACTING LLC  
Ref. Number: W05000031548

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for TACUMSA CONTRACTING LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The page for this signature was not included with your filing, so we have attached a blank page for you to complete and sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 405A00043656

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Tacumsa Contracting LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

4641 S. Slash Pine Ave.  
Homosassa, FL 34446

**Mailing Address:**

P.O. Box 2884  
Homosassa Springs, FL  
34446

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

Sharon F. Boyington  
Name

4641 S. Slash Pine Ave  
Florida street address (P.O. Box ~~NOT~~ acceptable)

Homosassa, FL 34446  
City, State, and Zip

*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)

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TALLAHASSEE, FLORIDA

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**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:**

Manager

Sharon Boyington  
4641 S. Slash Pine Ave  
Homosassa, FL 34446

MGRM

Vincent Ward  
4641 S. Slash Pine Ave  
Homosassa, FL 34446

\_\_\_\_\_

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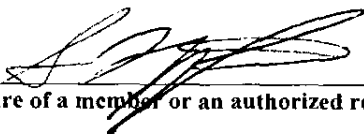
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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



Signature of a member 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.)

Sharon F. Boyington

Typed or printed name of signer

**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)**

**FILED**  
05 JUL -7 PM 3:52  
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TALLAHASSEE, FLORIDA