Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000178476 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: HUBCO

Account Number : 104662003400 Phone

: (516)935~3940

Fax Number

: (516) 935-3088

LIMITED LIABILITY COMPANY

The Economical Builder LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Hilling Manu.

Comporate Filling

Public Access Help.

H05000178476

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limited Liability Cor	pany is: The Economical Builder LLC
ARTICLE II - Address The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
906 NE 1st Avenue	206 NE 1st Avenue
Cape Coral, FL 33909	Cape Coral, FL 33909
ARTICLE III - Registered Ag The name and Florida street address o	ent, Registered Office & Registered Agent's Signature William Wiggs Name
	906 NE 1st Avenue
	(P.O. Box or Mail Drop Box NOT Acceptable)
	Cape Coral FL 33909 (City / State / Zip)
at the place designated in this certifications are at the place designated in this certification. I further agree to comply the second	gent and to accept service of process for the above stated limited liability company Scate, I hereby accept the appointment as registered agent and agree to act in this with the provisions of all statutes relating to the proper and complete performance and accept the obligations of my position as registered agent as provided for in

Registered Agent's Signature - William Wiggs

H05000178476

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 MGRM William Wiggs-906 NE 1st Avenue, Cape Coral, FL 33909 (Use attachment if necessary) REQUIRED SIGNATURE: Signature of a member or 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.) William Wiggs Typed or printed name of signee