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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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DEVINE SUPPORATIONS
DEVINE SUPPORT FLORIDA

TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: Du	na sest Contract (Name of Limite	d Liability Company)	·
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
***************************************	Richard Phillip	os Demarest II Name of Person)	
<i>D</i> -	emarest Contro	icting LLC. Firm/Contrany)	20
	1012 Monroe	De	B E E E
	Lehigh Acres		ZUUS AUG - 1 PH 4: 34
	(City)	State and Zip Code)	75
For further information	concerning this matter, please	call:	
Richard	Demarest or Person)	at (239) 565- (Area Code & Daytime To	5796 elephone Number)
Enclosed is a check for	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)
STRE	ET ADDRESS:	MAILING A	DDRESS:

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	Y
ARTICLE I - Name: The name of the Limited Liability Company is:	1/1
Demarest Contracting, LC.	```\ ```
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is	يَّ 3:
Principal Office Address: Mailing Address:	
1012 MONTO C DR 1012 MONTO C DR 1 chigh ALTU FZ 37976 Lehigh ALTES FZ 33936	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	•
The name and the Florida street address of the registered agent are:	
Richard Phillips Demares + II	
1012 monto e Dr. 4	
Florida street address (P.O. Box NOT acceptable) Lingh Aircs FL 3393(City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stated limite 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 a 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	ı!!
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	Richard Phillips Demarest II 1012 man rose PR Cahaga Acres FL 33936
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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 membe	r or an authorized representative of a member.
	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury terein are true.)

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)