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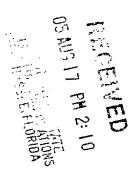
L05-8232
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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### TRANSMITTAL LETTER

TO: Registration Se Division of Cor				
SUBJECT: Pe	(Name of Limited	Liability Company)		
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Michael 1	ery lame of Person)		
Perz	Const S	idding # 2	05 AU SEURC TALLAI	E-27
	(.	Firm/Company)  On Roy  (Address)	Alsse Asse	
		(Address)  32303  State and Zip Code)	221 ORIDA	***
	(City/S	State and Zip Code)		
	concerning this matter, please c			
Michael (Name	of Person)	at ( <u>\$50</u> ) <u>3 45</u> (Area Code & Daytime Te	7260 lephone Number)	
Enclosed is a check fo	r 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)	
<del>-</del>	ET ADDRESS:	MAILING AT		

Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Division of Corporations

409 E. Gaines Street Tallahassee, Florida 32399

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

## Perry Const. Sidding #2 LLC

**ARTICLE I - Name:** 

	V. 3	<del></del>
ARTICLE II - Address:		1777 35.00 80
The mailing address and street address of th	e principal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	SSEE.
3843 Wiggington Rol		77 F M
tall Fla 32303	Jame	RA A

#### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Michael Peny
Name

Name

Name

Name

Roll

Florida street address (P.O. Box NOT acceptable)

+cx/ FL 32303

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)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Michael A Perry, 3843 Wiggington Rd. tall Flo 32303
MGRM	Ben Johnson 8521 Manor dr. tall Fla 32303
MGRM	Chad Mathis 4189 Pamella den. Tall Fla 32303
	AUG 17 I
(Use attachment if necessary)	EF Č
NOTE: An additional article must be	added if an effective date is requested. $\stackrel{\bigcirc}{\sim}$
REQUIRED SIGNATURE:	
ū	an authorized representative of a member.
	n 608.408(3), Florida Statutes, the execution

Filing Fees:

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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Michael Perry
Typed or printed name of signee