

LOS 0000 84714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

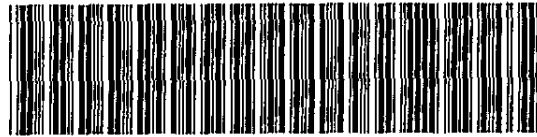
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2005 AUG 25 AM 10:13
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

LOS-84714
JL

TRANSMITTAL LETTER

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314
850-487-6051

SUBJECT: DAVIS CONSTRUCTION, LLC.

Enclosed are an original and one copy of the articles of Organization For Florida Limited Liability Company.

FROM: Timothy Davis
5500 St. Lucie Boulevard. Lot E-8
Ft. Pierce, Florida 34946
772-633-4037

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name:

The name of the Limited Liability Company shall be:
DAVIS CONSTRUCTION, LLC

ARTICLE II-Address:

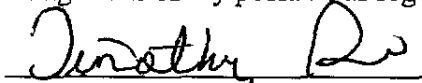
The mailing address and street address of the principal office of the Limited Liability Company is: P.O. BOX 430, JENSEN BEACH, FLORIDA 34958, 5500 ST. LUCIE BOULEVARD., LOT E-8, FT. PIERCE, FLORIDA 34946

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

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

TIMOTHY DAVIS
5500 ST. LUCIE BOULEVARD. LOT E-8
FT. PEIRCE, FLORIDA 34958

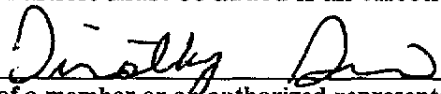
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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..


TIMOTHY DAVIS

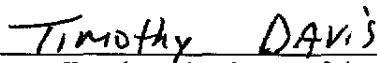
ARTICLE IV- Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager- managed company.

(An additional article must be added if an effective date is requested)


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.)


Typed or printed name of signee

FILING FEES:

- \$100.00 Filing Fee for Articles of Organization
- \$25.00 Designation of Registered Agent
- \$30.00 Certified Copy (Optional)
- \$5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA