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(Req	uestor's Name)			
(Address)				
(Address)				
(City	/State/Zip/Phone #)			
		-		
(Business Entity Name)				
(Doc	ument Number)			
Certified Copies	Certificates of Status			
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Special Instructions to F	iling Officer:			
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ATTORNEYS' TITL	<u>E</u>
Requestor's Name	
1965 Capital Circle NE, S	uite A
Address	
Tallahassee, Fl 32308	850-222-2785
City/St/Zip	Phone #

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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1- BUILDERS TECHNOL	LOGY LLC		
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X Walk-in Mail-out	Pick-up time ASAP xxx Certified Copy Will wait Photocopy Certificate of Status		
NEW FILINGS	AMENDMENTS	- N	
Profit	Amendment	2005 SEP SECRET	
Non-Profit	Resignation of R.A., Officer/Director	LA SI	
xxx Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal	SAR -	+
Other	Merger	- ///	1
OTHER FILINGS	REGISTRATION/QUALIFICATION	PH 1: 19 OF STATE	, in the second s
Annual Report	Foreign	IIII	
Fictitious Name	Limited Partnership		
Name Reservation	Reinstatement		
	Trademark		
	Other		

Examiner's Initials

ARTICLES OF ORGANIZATION OF BUILDERS TECHNOLOGY LLC

THE UNDERSIGNED hereby certify that we have associated ourselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. We further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

ARTICLE I NAME

The name of the limited liability company (the "Company") shall be **Builders** Technology LLC

ARTICLE II ADDRESS

The mailing and street address of the Company's principal office is:

5660 Strand Court Naples, Florida 34110

ARTICLE III PURPOSES

The general nature of the business or businesses to be transacted and which the Company is authorized to transact shall be as follows:

A. To engage in any activity or business authorized under the Florida Statutes.

B. In general, to carry on any and all incidental business; to have and exercise all the poser conferred by the laws of the State of Florida, and to do any and all things herein set forth to the same extent as a natural person might or could do.

ARTICLE IV DURATION

The duration for the Company is perpetual.

ARTICLE V REGISTERED AGENT AND OFFICE

The name of the Company's initial registered agent in Florida is William Slavich and the address of the Company's registered agent in Florida is 5660 Strand Court, Naples Florida 34110.

ARTICLE VI MANAGEMENT

The Company is to be managed by a manager or managers and the name(s) and addresses of such initial managers are:

William Slavich 5660 Strand Court, Naples Florida 34110, Amy Melson 5660 Strand Court, Naples Florida 34110, and Richard B. Melson 5660 Strand Court, Naples Florida 34110

ARTICLE VII ADMISSION OF NEW MEMBERS

Members of the Company have the right to admit new members. Additional members may be admitted only on the unanimous written consent of the existing members, and the existing members shall determine the amount and nature of the contribution by new members at the time the new members are admitted.

ARTICLE VIII CONTINUATION OF BUSINESS OPERATIONS

The Company may continue its business operations upon the death, reference to the resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of the other event which terminates the continued membership of a member in the limited liability Company only upon the unanimous approval of the remaining members.

ARTICLE IX TRANSFERABILITY OF MEMBER'S INTEREST

A member's interest in the Company shall not be transferred unless the transfer is approved by the members in accordance with the Company's regulations.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Organization

this <u>day of August</u>, 2005.

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William	\sum

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STATE OF FLORIDA) COUNTY OF COLLIER)

Before me, the undersigned authority, on this day personally appeared William Slavich, who executed the foregoing instrument in his/her/their personal (or authoritative) capacity(ies) indicated above and who are personally known to me or who has (have) produced as identification and who did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid, this 30 day of August, 2005. upin Notary Public Printed Name of Notary Stanley Lieberfarb My Commission DD116763 My Commission Expires: Expires August 29, 2006

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above-stated limited liability company, at the place designated in Article VI of these Articles of Organization, the undersigned party hereby agrees to act in this capacity, and further agrees to comply with the provision of all statutes relative to the proper and complete discharge of his duties.

Dated this <u>30</u> day of August, 2005. 0 X ---William Slavis ŝ

This instrument prepared by: STANLEY J. LIEBERFARB, ESQ. STANLEY LIEBERFARB, PA. 1100 Fifth Avenue South, Suite 405 Naples, FL 34102