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SECRETARY OF STATE TALL AHASSEE, FLORING

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## COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: David King Construction, LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David W. King (Name of Person)
(Firm/Company)
85/6 Plumeria Aue. (Address)
Orlanda, FL 32825 (City/State and Zip Code)
For further information concerning this matter, please call:
Davi 2 W. King at (407) 282-8390 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\bigcup \\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

David King Construction LLC

(Must end with the words "Limited Liablity Company, "Limited Company" of their abbreviation "LLC," or "L.C,")

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

95/6 Plumeria Aue.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

8516 Plumeria Aug.

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

Oclando FL FL

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated imited ilability company at the place designated in this certificate, I hereby accept the appointmental 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 (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE	IV. Ma	magar(s)	or Man	acina	Member	(e)·
AKIICLE	1 4 - 1415	magerts.	i of Maii	agmg	Member	(5)

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

MGR" = Manager	
MGRM" = Managing Member	,
	$I_{I}$
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7	
Use attachment if necessary)	
THE TOO IS 17 SOUTH OF STATE	L. CCU CONTION
E V: Effective date, if other than the	e date of filing: (OPTION) be specific and cannot be more than five business da

# **REQUIRED SIGNATURE:**

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 signed

### 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)