05000107435

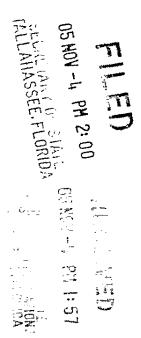
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200060997152

11/1)4/05--01022--013 **125.00



4 BRYAM NUW - 4 2005

COVER LETTER

TO: Registration Se Division of Cor			. —
Division of Col	potations	_	OS ALL
SUBJECT:	T (a) C (a)	ust.	OS NOV -4
Jobseff .	(Name of Limited	l Liability Company)	SE
			SEE
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correcte	ondence concerning this matter	to the following:	OF OF
r rease retain an correspo	ondence concerning this matter	to the following.	5.
	mickeyn	William Fr.	Azier
	(F	Name of Person)	
	T.W.	CONST. Firm/Company)	
	(1	Firm/Company)	
	100	en coole * i	-1 10.1
	1785	(Address)	Ct. EAST
		,	
	IAIA. El	323/O State and Zip Code)	
	(City/	State and Zip Code)	
D 0 a 10 a			
For further information c	concerning this matter, please c	all:	
		nt (
(Name	of Person)	at () (Area Code & Daytime Te	(ephone Number)
Enclosed is a check fo	r the following amount:		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	☐ \$160.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Martin - Address	Character A. I. I.	
	Mailing Address Registration Section	Street/Courier Address Registration Section	<u>.</u>
	Division of Corporations	Division of Corporation	· ·
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center	Circle
		Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN
ARTICLE I - Name: The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.6")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
The maning address and street address of the principal office of the Limited Liability Company is
Principal Office Address: Mailing Address:
X 17850 LARKINCT
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:
X Mickey william Frazier
Y 17850 LACKEN Ct. FAST Florida street address (P.O. Box NOT acceptable)
TAIIA, FL 33310 City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limits 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

X Mickey William Firston

Registered Agent's Signature (REQUIRED)

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..

(CONTINUED)

Title: "MGR" = Manager y"MGRM" = Managing Member	Name and Address:	
marm	17850 LACK	illiam Frazier
		ALLAND T
		NSSEE, FLO
		<u> </u>
(Use attachment if necessary)		
TICLE V: Effective date, if other than an effective date is listed, the date mor to or 90 days after the date of filing	nust be specific and cannot be 1	
REQUIRED SIGNATURE:		

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)

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

Typed or printed name of signee