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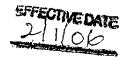
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SECULLIANS EE, FLORIDA

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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: <u>Des</u>		tion and Alumini d Liability Company)	um CCCi
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondent	ondence concerning this matte	er to the following:	
Micha	el David	Munoz Name of Person)	
		(Firm/Company)	
4355 (	orporate AVE #	(Address)	
Lakeland	, FL 338	09	
2	(City	/State and Zip Code)	<del>*                                    </del>
For further information of	concerning this matter, please	call:	
M. David M.	unoz	at ( 404 ) 247 (Area Code & Daytime T	0275
(Name	of Person)	(Area Code & Daytime T	elephone 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ons · Circle



**ARTICLE I - Name:** 

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	<b>;</b>
Design Construction and (Must end with the words "Limited Liability Company, "Limited Liability Company,"	Aluminum CCC. ited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4355 Corporate AVE #121 lake land, Florida	Sxme
33809	. · <del></del>
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)  The name and the Florida street address of the Michael David Name	registered agent are:  Munoz  Service Agent. You must designate an individual or another  Registered agent are:  Munoz
4355 Corporate Florida street at  Lakeland City, State	Ave # /21 ddress (P.O. Box NOT acceptable)  FL 23809

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Amanda Burker
	Amanda Burker 4355 Corporate AVE # 121 lakeland, Florida 33809
<del></del>	
<del> </del>	
(Use attachment if necessary)	
	e date of filing: <u>Feb 1, D6</u> . (OPTIONAL) e specific and cannot be more than five business days prio
REQUIRED SIGNATURE:	-
amanda	Barker
-	er or an authorized representative of a member.
(In accordance with sec of this document const that the facts stated I	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury therein are true.
	Barker  /ped or printed name of signee
Ty	/ped or printed name of signee
Filing Fees:	

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)