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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	3/10
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	Office Use On	lv.



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SECHETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: Yulcan Construction, UC.	
(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:	
Robert F. Alverson (Name of Person)	
Vulcan Construction, UC	_
481 SE 1ST TERRACE	
(Address)	_
Pompano Beach. Fz 33060	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Robert F. Alverson at (806) 808-3094 (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$\text{\$\sum_{\text{\$\}\$}}}\$}\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\	Ł
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Taillahassee, 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

ARTICLE I - Name: The name of the Limited Liability Company is:	
Must end with the words "Limited Liability Company, "Limited	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
481 SE 1St Tellace Pompano Beach, Fi 33040	t-Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	

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

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

Rompano Blach FL 33060

City, State, and Zip

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 "MGRM" = Managing Member	Name and Address:
WGIR	Robert F. Alverson 481 SE 1St TELLACE Pompano Beach, & 33060
<u></u>	
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must lo days after the date of filing.)	e date of filing: (OPTIONA be specific and cannot be more than five business day

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:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

