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## **COVER LETTER**

то:	Registration Se Division of Cor							
SUBJECT: Heavy Construction Estimating, LLC (Name of Limited Liability Company)								
The en	closed Articles of	Organization and fee(s) are su	ubmitted for	r filing.				
Please return all correspondence concerning this matter to the following:								
Jack M. Larkin, Esquire								
		(1)	Name of Pers	son)				
SPICOLA & LARKIN								
	(Firm/Company)							
330 West Bearss Avenue, Suite A								
			(Address)					
Tampa, FL 33613								
		(City/	State and Zi	p Code)				
For further information concerning this matter, please call:								
Ja	ck M. Larkin		at ( 813		968-338	elephone Number)		
	(Name	of Person)	(Are	ea Code	& Daytime T	elephone Number)		
Enclosed is a check for the following amount:								
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	1 Сору	ing Fee &	\$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	Rej Div Cli 266	gistratio vision o ifton Bu 61 Exec	urier Address on Section of Corporation ailding cutive Center ce, FL 32301	ons r Circle		

Previously Dent check for \$78.75. Belance of \$81.25 is enclosed—

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RICLES OF ORGANIZATION FOR	FLORIDA LIVITED LIABILITY COMPANY				
ARTICLE I - Name: The name of the Limited Liability Company	is:				
HEAVY CONSTRUCTION ESTIMATING, LLC (Must end with the words "Limited Liability Company, "Li					
ARTICLE II - Address:					
The mailing address and street address of the	e principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
3701 Little Road	3701 Little Road				
Lutz, FL 33548	Lutz, FL 33548				
business entity with an active Florida registration.)  The name and the Florida street address of the Jack M. Larkin	ne registered agent are:				
Na	me				
330 West Bearss Avenue, Suite A					
Florida street	address (P.O. Box NOT acceptable)				
Tampa	FL 33613				
City, Stat	te, and Zip				
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S				

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

OS MAR 16 FH 3:55

APPL NO.

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

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

Title:		Name and Address:							
"MGR" = Mana	" = Manager M" = Managing Member								
"WGRW" = Mai	Managing Member								
MGR		Gerald H. Stanley							
<del></del>		3701 Little Road							
		Lutz, FL 33548							
MGRM		Donald L. Conner							
<u> </u>		17701 St. Lucia Isle							
		Tampa, FL 33647							
	<u></u>								
(Use attachment	if necessary)								
(Obe mimornio									
ARTICLE V: Effective	date, if other than the d	ate of filing:	(OPTIONAL)						
		specific and cannot be more than five b	usiness days prior						
to or 90 days after the d	ate of filing.)								
REQUIRED SIGNATURE:									
	A A								
	Anoth 18 th								
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.)								
	Gerald H. Stanley Typed or printed name of signce								
Filino Fees	s:	*	a. o						

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

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