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COVER LETTER

Division of Co			
SUBJECT: AC	evedo C. Co	NSTRUCTION + R	emodeling LLC
	(Name of Limited	d Liability Company)	7
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Charl	es Accved	0	,
		Name of Person)	75
		Firm/Company)	
1557-A	Cheyenne Ahassee, Fl	Court (Address)	
		200	
ALL	Ahassee, [To	32301 (State and Zip Code)	
For further information	concerning this matter, please	call:	
Charles 1	Acevedo	at (850) 321-	0317
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	y Company is:					
Acevedo C Co (Must end with the words "Limited Liability	NSTRUCTI	OM AND RECOMPANY" or their ab	enodelia breviation "LLC,"	G L	LC	,
ARTICLE II - Address: The mailing address and street ad	ddress of the pri	ncipal office of th	ie Limited Lia	ibility Co	ompan	y is:
Principal Office Address:		Mailing Addres	<u>ss:</u>			
1557-A Chevenne	Court	(SAME))			
		•			-	
ARTICLE III - Registered Age (The Limited Liability Company cannot ser business entity with an active Florida regis	ve as its own Registe	Office, & Regist red Agent. You must d	ered Agent's lesignate an individ	Signatu dual or anot	i re: ther	
The name and the Florida street):	7.	3.80	
Char	les Ak	evedo			28	** 1 754 2
ISSIA	CLEYCNNI Florida street add	ess (P.O. Box NOT	acceptable)	6 ** **	7 PH12	
TALLALAC		FL 323		ħi	: 59	
Having been named as registere liability company at the place registered agent and agree to act statutes relating to the proper accept the obligations of my Register	e designated in th t in this capacity and complete per	nis certificate, I he I further agree to formance of my di tered agent as pro	reby accept th to comply with luties, and I an	e appoin the prov n familian	tment o visions o r with o	as of al and
	(

(CONTINUED) Page 1 of 2

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	·
MGRM	Charles Acevedo 1807-A Cheyenhe Court Tallahassee FL. 32301
	·
	·
	·
(Use attachment if necessary)	
	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	•
dist	Harlesto
· ·	nber or an authorized representative of a member.
of this document co	n section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.)
Charle	S Acevedo Typed or printed name of signee
	Typed of printed fidule 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)