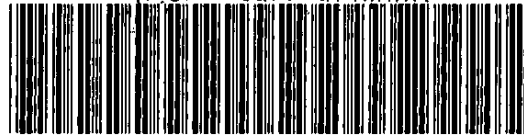


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2006 MAY 17 A 10: 24

SECRETARY OF STATE
FLORIDA



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05/17/06--01044--014 **125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAMES LAW'S
CONSTRUCTIVE SERVICE
LICENSED & INSURED

2005 MAY 17 417-2564
407-417-2564
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAMES D LAW
2827 GROVE DR
SANFORD FLA 32773

CELL (407) 417-2564
OFFICE (407) 323-1233



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAMES LAW'S CONSTRUCTIVE SERVICES, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

2005 MAY 17 A 10: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2827 GROVE DR
SANFORD FLA 32773

Mailing Address:

2827 GROVE DR
SANFORD FLA 32773

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:

JAMES LAW

Name

2827 GROVE DR

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

SANFORD

FL 32773

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

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

FILED

PRESIDENT

JAMES D. MAY MAY 10: 24

2827 GROVE DR

SANFORD FL 32773

VICE
PRESIDENT

ROMAN DOSCHER

2827 GROVE DR

SANFORD FL 32773

SECRETARY OF
TREASURY

TAMMY NEIGHBOR

2827 GROVE DR

SANFORD FL 32773

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____
(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

ROMAN DOSCHER
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)

JAMES LAW'S CONSTRUCTIVE SERVICES L.L.C.
(Name of Business)

FILED

Statement of Ownership

THIS CERTIFIES THAT I, JAMES D LAW JR, is the member of
(Name)
JAMES LAW'S
CONSTRUCTIVE SERVICES, LLC and own 60 of 100 units, which evidence I own
(Name of business)
60 % units of said business.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THIS CERTIFIES THAT I, TAMMY NEIGHBOR, is the member of
(Name)
JAMES LAW'S
CONSTRUCTIVE SERVICES, LLC and own 20 of 100 units, which evidence I own
(Name of business)
20 % units of said business.

THIS CERTIFIES THAT I, ROMAN DOSCHER, is the member of
(Name)
JAMES LAW'S
CONSTRUCTIVE SERVICES, LLC and own 20 of 100 units, which evidence I own
(Name of business)
20 % units of said business.

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge.

Print Name JAMES D LAW JR

Applicant's Signature James D Law Jr

Date _____

NOTARY STATE OF FLORIDA, COUNTY OF Seminole

Sworn to and subscribed before me the 14 day of May, 2006, by James D Law Jr

Personally known _____ or Produced Identification ☒ Type of Identification

Produced RD L000444022120

Deborah Lynn Lyon
(NOTARY SIGNATURE)



Notary Public State of Florida
Deborah Lynn Lyon
My Commission DD419123
Expires 05/15/2009

My Commission Expires