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## COVER LETTER '

Division of Co			·
SUBJECT: Ceda	ar Run Construction		
	(Name of Limite	d Liability Company)	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	A1	an M. Hux	
	(	Name of Person)	
	(	Firm/Company)	
	8355 F	cockville Road	
		(Address)	
	Indianapol	is, Indiana 46234	
	(City	/State and Zip Code)	, , , , , , , , , , , , , , , , , , ,
		11.	
For further information	concerning this matter, please	can:	
Alan M. Hu	κ	at (317)271-88 (Area Code & Daytime Te	88 Ext. 64
(Name	e of Person)	(Area Code & Daytime Te	lephone 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)	X \$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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

ARTICLE II - Address:	pany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	s of the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
119 Topanga Drive	119 Topanga Drive
Bonita Springs, Florida 341	Bonita Springs, Florida 34134
ARTICLE III - Registered Agent, I	Registered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, I (The Limited Liability Company cannot serve as in business entity with an active Florida registration The name and the Florida street address	ts own Registered Agent. You must designate an individual or another  L)  SECRETARY  SS of the registered agent are:
(The Limited Liability Company cannot serve as in business entity with an active Florida registration.)  The name and the Florida street addresses and the Florida street addresses and the Florida street.	ts own Registered Agent. You must designate an individual or another  L.)  Ss of the registered agent are:  AHASS  APPLIANT  A
(The Limited Liability Company cannot serve as in business entity with an active Florida registration.)  The name and the Florida street addresses and the Florida street addresses and the Florida street.	ts own Registered Agent. You must designate an individual or another  L)  SS of the registered agent are:  AHA SSE  Portation System  Name
(The Limited Liability Company cannot serve as is business entity with an active Florida registration.)  The name and the Florida street addresses and the Florida st	ts own Registered Agent. You must designate an individual or another  L)  SS of the registered agent are:  AHA SSE  Portation System  Name
(The Limited Liability Company cannot serve as in business entity with an active Florida registration.)  The name and the Florida street address and the Fl	ts own Registered Agent. You must designate an individual or another  L)  SS of the registered agent are:  AHA SSE  Portation System  Name
(The Limited Liability Company cannot serve as in business entity with an active Florida registration.)  The name and the Florida street address and the Fl	ts own Registered Agent. You must designate an individual or another  OF TALLAH ASSECRETATION System  Name  Pine Island Road  Pine Island Road

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:		Name and Address:
"MGR" = Mar	nager Ianaging Member	
WORW - W	idilagilig ivicilioci	
MGRM		Timmy J. Shrout
		8355 Rockville Road
		Indianapolis, IN 46234
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		1000
(Use attachme	nt if necessary)	
ICLE V: Effective	ve date, if other than the d	late of filing: (OPTIONAL)
		specific and cannot be more than five business days prior
r 90 days after the	date of filing.)	
DECLIDED S	SIGNATURE:	appendix
REQUIRED	SIGNATURE.	SE SE
	\/(	
•		
	Signature of a member	or an authorized representative of a member.
	(In accordance with secti	ion 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury
	of this document constitue that the facts stated her	ites an affirmation under the penalties of perjury
	Timmy J. Shro	$\overline{\mathcal{Z}}$
		ed or printed name of signee
	-77	F

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)