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SECRETARY OF STATE TALL AHASSEF FI ORIDA

COVER LETTER

Registration Section

TO:

Division of Corporations			
SUBJECT: SASLYN CONST	RUCTION CO.	LLC	
·	Name of Limited Liabi		
The enclosed Articles of Organization	and fee(s) are submitte	ed for filing.	
Please return all correspondence conce	erning this matter to the	e following:	
THEODORE J. SAS	SI		
	(Name o	f Person)	
	(Firm/C	ompany)	
3911 SW 2 AVE			
	(Add	lress)	
CAPE CORAL, FLO	ORIDA 33914	1	
		nd Zip Code)	
For further information concerning this	s matter, please call:	1 . 1 . 1 . 1 . 1 . m4.1	
THEODORE J SASSI	at (_2	39 、565-747	4
(Name of Person)		(Area Code & Daytime T	elephone Number)
Enclosed is a check for the following	ng amount:		
\$125.00 Filing Fee \$\sum \\$130.00 \text{Certificate}	of Status Cert	S155.00 Filing Fee & ified Copy tional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ad Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	RUCTION CO. LLC rds "Limited Liability Company,"	Limited Company" or their abbreviation "LLC,	" or "L.C.,")		
ARTICLE II - A The mailing addr		he principal office of the Limited Lia	ability Co	mpa	ny is:
Principal Office	Address:	Mailing Address:			
THEODORE J. SASS	31	3911 SW 2 AVE, CAPE CORAL, FL	_ 33914		
	-			-	
(The Limited Liability business entity with a	Company cannot serve as its own active Florida registration.) e Florida street address of LINDA SASSI	tered Office, & Registered Agent's Registered Agent. You must designate an indivi the registered agent are: Name			FILED
	0044 0040 40/5		E 0	œ	
	3911 SW 2 AVE				
		eet address (P.O. Box NOT acceptable)	STATE LORIDI	ಒ	
		eet address (P.O. Box <u>NOT</u> acceptable) FL 33914	RIDA	ଘ	
	Florida stre	33014	RIDA	ᠼ	

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing	Member
MGR	THEODORE J SASSI
	3911 SW 2 AVE
	CAPE CORAL, FL 33914
(Use attachment if nec	ssary)
(Use attachment if neo LE V: Effective date, if fective date is listed, the days after the date of	other than the date of filing: (OPTIO
LE V: Effective date, if fective date, to	other than the date of filing: (OPTIO e date must be specific and cannot be more than five business (iling.)
LE V: Effective date, if fective date is listed, to days after the date of REQUIRED SIGNA	other than the date of filing: (OPTIO e date must be specific and cannot be more than five business (iling.) URE:
LE V: Effective date, if fective date is listed, to days after the date of REQUIRED SIGNATED	other than the date of filing:
LE V: Effective date, if fective date is listed, to days after the date of REQUIRED SIGNATIONS. Signation of the date of the	other than the date of filing:
LE V: Effective date, if fective date is listed, to days after the date of REQUIRED SIGNA' Signation of the date	other than the date of filing:
LE V: Effective date, ifective date is listed, to days after the date of REQUIRED SIGNA' Signation of the date of	other than the date of filing:

\$ 5.00 Certificate of Status (Optional)