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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ciza Plateau Construction + Design (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Chasari Randalph (Name of Person)	
Giza Plateau Construction + Design (Firm/Company)	-
3211 Wheatley Rd (Address)	
Tallahassee F1 32305 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Chasqy; Randolph at (850 559-2688) (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327 Street/Courier Address Division of Corporations	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

32/1 Wheatley Rd Tallahassee F1 32305	J211 Wheatley Rd Tallahassee Fl 32305
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the reginal Charami Randol Name	istered agent are: SEE FLORID TORRID TORR
Florida street addres Ta//ahassee F City, State, and	is (P.O. Box NOT acceptable) FL 32305 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)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Chasari Kandolph 3211 Wheatley Rel Tallahassee Fl 72305
· .	
 .	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than a (If an effective date is listed, the date m prior to or 90 days after the date of filing.	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business day .)
REQUIRED SIGNATURE:	Randofsh FIL
(In accordance with of this document co that the facts state	section 608.408(3), Florida Statutes, the execution sunstitutes an affirmation under the penalties of perjury defined herein are true.) 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)