0680800000 J

(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	•		•
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Re	questor's Name)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	. (Ad	dress)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Ad	dress)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Cit	, y/State/Zip/Phone	e #)
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	PICK-UP	☐ WAIT	MAIL
Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Bu	siness Entity Nar	me)
Special Instructions to Filing Officer:	(Do	cument Number)	
·	Certified Copies	_ Certificates	s of Status
	Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·
·			
·			
Office Use Only		Office Use On	



600078429946

08/14/06--01050--019 **130.00

06 AUG 14 AH 8: 16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE

)(

COVER LETTER

	Registration Se Division of Co			
SUBJEC	CT: App	ian Contracting	LLC	
		(Name of Limited	d Liability Company)	
The encl	losed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please re	eturn all corresp	ondence concerning this matte	er to the following:	-
	Andrew	P. Nittoso		
_			Name of Person)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_			Firm/Company)	
	27280 En	eservation St.	rum Company)	
_	2/200 PI	eservation St.	(Address)	
	Bonita S	prings, Fl.	34135	
<u></u>	, , , , , , , , , , , , , , , , , , , ,	(City	/State and Zip Code)	
For furth	ner information	concerning this matter, please	call:	
Andr	ew Nitto	so	732 598-	2441
	Andrew Nittoso at (732) 598-2441 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclose	ed is a check fo	or the following amount:		
\$125.6	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	Street/Courier Address Registration Section Division of Corporation	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OG AUG 14 AH 8: 16

T

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	1	C	LE	Ŧ.	. N	lan	16:

The name of the Limited Liability Company is:

Appian Contracting LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

27280 Preservation St.	27280 preservation St.
Bonita Springs Fl	Bonita Springs, Fl
34135	34135

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:

Andrew	P. N.	ittoso		
Name				
27280	prese	rvation	St.	
]	Florida stre	et address (P.0	O. Box <u>NOT</u> acceptable	;)
Bonita	Sprin	gs FL	34135	
	City, S	tate, 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 96 AUG 14 AH 8: 16
SECRETARY OF STATE
TALL AHASSES

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:
MGR	Andrew P. Nittoso
	27280 preservation St. Bonita Springs. Fl 34135
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the o	date of filing:08/09/06 (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.
(In accordance with sect of this document constit that the facts stated he	tion 608.408(3), Florida Statutes, the execution rutes an affirmation under the penalties of perjury rein are true.)
Andrew P. 1	Nittoso jr.

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)

Page 2 of 2

Typed or printed name of signee