# -06000082212

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	o #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
1		<u>@101,11</u>
,	Office Use Onl	( JODA)



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### **COVER LETTER**

TO:	Registration Se Division of Co			
SUBJI	ECT∙	GEO CON	STRUCTION, LLC	
301301	BC1.	(Name of Limite	d Liability Company)	•
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
		Gar	ry L. Oakes	
		(	Name of Person)	
		Geo Co	onstruction, LLC	
		(	Firm/Company)	
		7067 Ft	ılton Drive, NW	
			(Address)	SECRE
		Cantor	, Ohio 44718	**** i
		(City	/State and Zip Code)	ASSEE,
For fur	rther information	concerning this matter, please	call:	OF STATE
		Oakes	at (330) 833-9544	
	(Name	of Person)	(Area Code & Daytime Telephone Num	iber)
Enclos	sed is a check fo	or the following amount:		
<b>] \$12</b> 5	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificat (additional copy is enclosed) Certified	00 Filing Fee, te of Status & 1 Copy copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## דונננ

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

#### GEO CONSTRUCTION, 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:			
7067 Fulton Drive, NW	7067 Fulton Drive, NW			
Canton, Ohio 44718	Canton, Ohio 44718			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.  Thomas L. Stevenson	ered Agent. You must designate an individual or another of the control of the con			
Name	≫ <sup>111</sup> α			
2825 Central Avenue, Unit #	¥112			
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)			
Fort Myers, Florida 33901	_FL			
City, State, as	nd 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	:

<u>Title:</u> "MGR" = Manager	Name and Address:	•
"MGRM" = Managing Member		
MGRM	Garry L. Oakes	
- Man Marchael Later and Control Later and Contr	7067 Fulton Drive, NW	*
	Canton, Ohio 44718	<u>-</u>
<del></del>		-
	——————————————————————————————————————	-
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		es.
		. SEC
(Use attachment if necessary)		AEE AEE
	1. Can	NATANO
<b>FICLE V:</b> Effective date, if other than the	e date of filing: (OPTIC pe specific and cannot be more than five business	
r 90 days after the date of filing.)	specific and cannot be more than five business	THE STATE OF
		<b>U</b> ,
BEOLUBED CLONATUDE.		
REQUIRED SIGNATURE:	_	
1	<i>900</i>	
Signature of a memb	er or an authorized representative of a member.	
(In accordance with so	ection 608.408(3), Florida Statutes, the execution	
of this document cons	titutes an affirmation under the penalties of perjury	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Garry L. Oakes
Typed or printed name of signee