## 06000085022

| (Requestor's Name)                      |
|---|
| (Address)                               |
|   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

J. BETYAN AUG 2 4 2006

## **COVER LETTER**

| Division of Con           |   |   |   |
|---------------------------|---|---|---|
| SURJECT: Civil D          | esign Services, LL  | .C  | ·   |
|                           |   | l Liability Company)  | •   |
| The enclosed Articles of  | f Organization and fee(s) are su  | ubmitted for filing.  |   |
| Please return all corresp | ondence concerning this matte   | r to the following:   | OF AUG 23 M 9: 26   |
| Jaime Sa                  |   |   | UG 2  |
| -                         | (1  | Name of Person)   | 3 P   |
| Civil Desi                | gn Services, LLC  |   | <b>3.</b> 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.  |
|                           | (   | Firm/Company)   | 26  |
| 4409 Tre                  | scott Drive   |   |   |
|                           |   | (Address)   | <u> </u>  |
| Orlando,                  | FL 32817  |   |   |
| -                         | (City)  | /State and Zip Code)  |   |
| For further information   | concerning this matter, please  | call:   |   |
| Jaime Santana             | a   | at (407 ) 761-603   | 35  |
| (Name                     | of Person)  | (Area Code & Daytime To   | elephone 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)  | \$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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns  |

| ARTICLES OF ORGA  | ANIZATION FOR  | FLORIDA LIMITED LIABILIT  | IY COMPANY  |
|---|--|---|---|
| ARTICLE I - Name:   | •  |   | So Chief  |
| The name of the Limite  | d Liability Company  | is:   | 10 6 6 6 C  |
|   |  |   | or"L.C.,")  |
| Civil Design Service  | s.LLC.   |   | ي بي  |
|   |  | imited Company" or their abbreviation "LLC," o  | or "L.C.,")                                       |
|   |  | •   |   |
| ARTICLE II - Addres   |  |   |   |
| The mailing address an  | d street address of th   | e principal office of the Limited Liab  | oility Company is:                                |
| Principal Office Addr   | ess:   | Mailing Address:  |   |
| 4409 Trescott Drive   | •  | 4409 Trescott Drive   |   |
| Orlando, FL 32817   |  | Orlando, FL 32817   | · ·   |
| <del></del>   |  |   | <del></del>                                       |
| ARTICLE III - Regist<br>(The Limited Liability Compan<br>business entity with an active     | y cannot serve as its own R  | ered Office, & Registered Agent's Stagistered Agent. You must designate an individu   | Signature:<br>ual or another                      |
| (The Limited Liability Companious business entity with an active) The name and the Florida. | y cannot serve as its own R<br>Florida registration.)  | tegistered Agent. You must designate an individu  | Signature: ual or another  EFFECTIVE DAT  09/0//0 |
| (The Limited Liability Companious business entity with an active) The name and the Florida. | y cannot serve as its own R<br>Florida registration.)<br>da street address of t<br>me Santana  | tegistered Agent. You must designate an individu  | Signature: pal or another  EFFECTIVE DAT  09/01/0 |
| (The Limited Liability Companbusiness entity with an active  The name and the Florid  Jail  | ry cannot serve as its own R<br>Florida registration.)<br>da street address of t<br>me Santana                                       | tegistered Agent. You must designate an individu  | Signature:  all or another  SFFECTIVE DAT         |
| (The Limited Liability Companbusiness entity with an active  The name and the Florid  Jail  | y cannot serve as its own R<br>Florida registration.)<br>da street address of t<br>me Santana<br>Na<br>09 Trescott Drive             | tegistered Agent. You must designate an individu  | Signature: ual or another  EFFECTIVE DAT  09/0//0 |
| (The Limited Liability Companbusiness entity with an active) The name and the Floridal Jail | y cannot serve as its own R<br>Florida registration.)<br>da street address of t<br>me Santana<br>Na<br>09 Trescott Drive             | tegistered Agent. You must designate an individual the registered agent are:  ame  t address (P.O. Box <u>NOT</u> acceptable) | Signature: ual or another  EFFECTIVE DAT  09/0//0 |
| (The Limited Liability Companbusiness entity with an active) The name and the Floridal Jail | ny cannot serve as its own R<br>Florida registration.)  da street address of to<br>me Santana  No.  No.  No.  No.  No.  No.  No.  No | degistered Agent. You must designate an individu  | Signature: ual or another  EFFECTIVE DAT          |

(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>"N</u>   | itle:<br>MGR" = Manager<br>MGRM" = Managing Member  | Name and Address:   |                            |
|-------------|---|---|----------------------------|
|             | IGRM  | Jaime Santana  4409 Trescott Drive  Orlando, FL 32817   | SECRETAR<br>SECRETAR<br>OF |
|             | · · · · · · · · · · · · · · · · · · ·   |   | CORPORATIONS               |
|             | Jse attachment if necessary)  |   |                            |
| (If an effe | E V: Effective date, if other than the ective date is listed, the date must be ays after the date of filing.) | date of filing: September 01,2006 (OPTION e specific and cannot be more than five business d  | IAL)<br>ays prior          |
| R           | (In accordance with sec   | er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury nerein are true.) |                            |

Jaime Santana

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)