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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Use Only	, Week



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COVER LETTER

Division of Corporations		
SUBJECT: Davis Restoration: and C	onstruction Services	s, LLC
	d Liability Company)	
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Bruce Davis		
	Name of Person)	
Davis Restoration and Cons	truction Services,	LLC
	Firm/Company)	
2174 Maurer Rd.		
	(Address)	AL AL
Charlotte, MI 48813		CAE)
(City	/State and Zip Code)	SSE
		in O
For further information concerning this matter, please	call:	OF ST ST ST ST ST ST ST ST ST ST ST ST ST S
Bruce Davis	at (517) 204-096	14 👼
(Name of Person)	(Area Code & Daytime T	elephone Number)
	•	
Enclosed is a check for 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Davis Restoration and Construction Service	es LLC
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	·
	incipal office of the Limited Liability Company is:
; t.	morphic of the Billion Billion of the Company of th
Principal Office Address:	Mailing Address:
2174 Maurer Rd.	Same
Charlotte, MI 48813	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registations) The name and the Florida street address of the registration.)	ered Agent. You must designate an individual or another SECHALITY OF S
Mark Davis	——————————————————————————————————————
raine	Č S
1653 Palm Lea Florida street add	ress (P.O. Box NOT acceptable)
Branden	FL 33510
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title: "MGR" = Manag "MGRM" = Mar		Name and Address:	
MGRM		Bruce Davis	
		2174 Maurer Rd.	
		Charlotte, MI 48813	
	•		
MGRM		Mark Sanders	
1 41 4		2104 Maurer Rd.	
3.4	· · · · · · · · · · · · · · · · · · ·	Charlotte, MI 48813	
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7144- 1 ·	:c	2	253
Use attachment	if necessary)	A A	SECSION
	• /	e date of filing:	SECHELA
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LE V: Effective fective date is lis	date, if other than the	e date of filing: (OPTIO) be specific and cannot be more than five business	SEOR NATION DAYS
EV: Effective fective date is lis	date, if other than the	e date of filing: (OPTIO) be specific and cannot be more than five business	SECHEIN days
LE V: Effective fective date is lis days after the d	date, if other than the sted, the date must bate of filing.)	e date of filing: (OPTIO) be specific and cannot be more than five business	SECRETATION PARTY
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LE V: Effective fective date is lis days after the d	date, if other than the sted, the date must bate of filing.)	be specific and cannot be more than five business.	SECTION DOF STATE: 41
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LE V: Effective fective date is lis days after the d	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a memb	be specific and cannot be more than five business. Deer or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution entitutes an affirmation under the penalties of perjury	SECRETARY PH 1:41
Use attachment LE V: Effective fective date is lis days after the da REQUIRED SIG	date, if other than the steed, the date must be ate of filing.) GNATURE: Signature of a memb (In accordance with see of this document cons	be specific and cannot be more than five business, the or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)	SECRETATION STATE: 41

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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