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(Re	questor's Name)	
(Add	dress)	<u>.</u>
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Coples	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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10/05/06

SECRETARY OF STATE PIVISION OF CORPORATION

4 SRYAM OCT 1 0 2006.

COVER LETTER

TO:	Registration Se Division of Con						
SUBJI	ECT: East C	Coast Construction		Compa	nv)		<u> </u>
		(11mile OI Ellines	a Diability	Compa	·· <i>·</i>		-
The en	closed Articles of	f Organization and fee(s) are so	ubmitted fo	or filing			06 OCT -9
Please	return all corresp	ondence concerning this matte	r to the fol	llowing:			S
	Michael F	. Shearer					ڻ م
		(I	Name of Pe	rson)		<u> </u>	-
							•
		(Firm/Comp	any)			
	10153 1	S Highway 90					
	10100 0	O Highway 30	(Address		·····		
	1 ala 0:4	. EL 20055	·	•			
	Lake City	y, FL 32055	/State and 2	in Code	<u></u>		
		Chy	Diac and 1	ap com;	•		
For fur	ther information	concerning this matter, please	call:				
			EAC		070 47	70.4	
MIC	nael F. She	e of Person)	$_{at} (540)$		379-47	'elephone Number)	- .
	\2 *a1210	or i orgoni	(
Enclos	sed is a check fo	or the following amount:					
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifie	d Copy	ling Fee &	S 160.00 Filin Certificate of Sta Certified Copy (additional copy is e	itus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	R D C 20	egistration o ivision o lifton Bo 561 Exc	urier Addression Section of Corporation uilding cutive Centere, FL 32301	ons r Circle	

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY CO	MPANY
ARTICLE I - Name:	· –	OF OCT -9 PH 2: 1
The name of the Limited Liability Company	is:	
		المركبي و
East Coast Construction, LLC		7
(Must end with the words "Limited Liability Company, "Lin	mited Company" or their abbreviation "LLC," or "L.C.,"	語的
A TRIPLEMENT OF ST. A. J. A		55 %
ARTICLE II - Address: The mailing address and street address of the	nringinal office of the Limited Lightlity Co	
the maning address and succe address of the	principal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
40452 UC Highway 00	4045031018-1	
10153 US Highway 90 Lake City, FL 32055	10153 US Highway 90	
Lake City, FL 32000	Lake City, FL 32055	·
ARTICLE III - Registered Agent, Register	red Office, & Registered Agent's Signatu	re:
(The Limited Liability Company cannot serve as its own Re	egistered Agent. You must designate an individual or anot	her
business entity with an active Florida registration.)		
The name and the Florida street address of the	e registered agent are:	EFFECTIVE DATE
Michael F. Shearer		10/05/106
Nar	me	- '
<u>10153 US Highway 9</u>	· · · · · · · · · · · · · · · · · · ·	
Florida street	address (P.O. Box NOT acceptable)	
Lake City, FL 32055	FL	
City, State	e, 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

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

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

MGR	Michael F. Shearer 10153 US Highway 90	Q _X
	Lake City, FL 32055	60CT
		و َ
		· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)		
LE V: Effective date, if other than t	he date of filing: 10/05/06	(OPTIONAL)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael F. Shearer

Typed or printed name of signee

Flling 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)