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PICK-UP WAIT MAIL
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(Business Entity Name)
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Certified Copies Certificates of Status
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COVER LETTER

TO: Registration S Division of Co					
subject: Jame	s D. Irwin Construc			·····	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filin	g.		
Please return all corresp	pondence concerning this matte	er to the following	g:		
James D	. Irwin				
	(Name of Person)			······································
James D	. Irwin Constructio	on L.L.C		Por C	07
•	(Firm/Company)		E	Z
813 Brer	nt Drive			ASSE ASSE	
		(Address)		ज़ी <u>र</u>	3
Tallahas	see, Fl. 32305			.r.03.	M 10: 1-
	(City	/State and Zip Cod	e)	9,	- 63
For further information	concerning this matter, please	call:			
James D. Irwir	1	at (850	, <u>459-51</u>		
(Name	e of Person)	(Area Coo	le & Daytime T	elephone Number)	
Enclosed is a check for	or the following amount:				,
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 F Certified Cop (additional copy	у	\$160.00 Filing Certificate of State Certified Copy (additional copy is end	us &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I 2661 Ex	ourier Addression Section of Corporatio Building ecutive Center see, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

James D. Irwin Construction L.L.C (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "LCC")
ARTICLE II - Address: The mailing address and street address of the prin	cinal office of the Limited Liabilite Company is
	me 🛈 🔞 🔞
Principal Office Address:	Mailing Address:
813 Brent Drive	813 Brent Drive ∺= ω
Tallahassee, Fl. 32305	Tallahassee, Fl. 32305
(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 reg James D. Irwin Name	•
813 Brent Drive	
	ess (P.O. Box NOT acceptable)
Tallahassee	FL 32305
City, State, and	1 Zip
liability company at the place designated in thi registered agent and agree to act in this capacity. statutes relating to the proper and complete perf	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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	James D Irwin 813 Brest JE 32205
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	$\frac{\overline{\omega}}{\omega}$
(Use attachment if necessary)	निर्मा संस्थान
YOU F V. Effective data if ather than the	Auto of Gliman (OPTIONIAE)
reflective date is listed, the date must be	date of filing:, (OPTIONAL) e specific and cannot be more than five business days p
90 days after the date of filing.)	
REQUIRED SIGNATURE:	
	In-
Signature of a membe	er or an authorized representative of a member.
(In accordance with sec of this document consti	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury
(In accordance with sec of this document consti that the facts stated h	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury

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)