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TALLAHASSEE, FLORIDI



COVER LETTER

TO:	Registration So Division of Co			ر 07 ا
SUBJE	сст:	Name of Li	NStruction LLC mited Liability Company)	07 JAN 17 A
The end	closed Articles o	f Organization and fee(s)	are submitted for filing.	AM (0:
Please r	return all corresp	ondence concerning this r	matter to the following:	<u>.</u>
-	<u> </u>	teven J	Gilmore (Name of Person)	
		Gilmo	re Construction (Firm/Company)	LLC
-	457	8 Autumn	(Address) way	
-	Tall	Fl.	(City/State and Zip Code)	323 03
For furt	ther information	concerning this matter, pl	ease call:	
<u> </u>	teven. (Name	J. Gilmore of Person)	at (850) 528 (Area Code & Daytime	3592 Telephone Number)
Enclose	ed is a check fo	or the following amount	;	
□\$125	.00 Filing Fee	\$130.00 Filing Fee Certificate of Status	e & S155.00 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 Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gilmore 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 Com	ıpany i	s:
Principal Office Address: Mailing Address:		
778 Hutumn woods way SAME		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:	07	SE
Steven J G: Imore	7 JAN 17	CRET
4578 Autumn woods way		ARY ARY
Florida street address (P.O. Box NOT acceptable)	À	THE C
City, State, and Zip	AM 10: 47	STATE
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment	d limite	ed

Registered Agent's Signature (REQUIRED)

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..

(CONTINUED) Page 1 of 2

The name and address of each Mar	nager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGAM	James Earl Russ 4578 Autumn woods way TALL Fla 32703
MGRM	Tim Gonsalves 4578 Autum Woods Way THU Fla 32303
MGRM	Steven Gilmore 4578 Autum woods way Tall Fla 32303
(Use attachment if necessary)	
	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
_	aber or an authorized representative of a member.
of this document co	section 608.408(3), Florida Statutes, the execution nstitutes an affirmation under the penalties of perjury and herein are true.)
Stev	Typed or printed name of signee

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

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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