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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #}
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		

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COVER LETTER

Division of Co				
SUBJECT: F.R.S.	Construction LLC			
	(Name of Limite	d Liability Company)		
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	condence concerning this matte	er to the following:		
Francis Ro	ger Savasta III			
	(Name of Person)		
				→ =
	•	(Firm/Company)		SEGR VISIG
1642 Eas	tlake Way			NA SET
		(Address)		6 CRY C
Weston, F				JAN 26 PM 12: 4
	(City	/State and Zip Code)		# 1 ST
For further information	concerning this matter, please	call:		_ 55
Francis Savasta		at (954) 554-145	2	
	e of Person)	(Area Code & Daytime Te	elephone Number)	
Enclosed is a check f	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)	S160.00 Filing I 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

555 0		
F.R.S. Construction LLC	61. () 1 C	cet ex sec.
(Must end with the words "Limited Liability Company,	, "Limited Company" or their appreviation "LLC," o	or "L.C.,")
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
F.R.S. Construction LLC	F.R.S. Construction LLC	2
1642 Eastlake Way	1642 Eastlake Way	JAN 26
Weston, Fl. 33326	Weston, FL. 33326	
(The Limited Liability Company cannot serve as its own	n Registered Agent. You must designate an individu	ial or another 🔼 🤗
business entity with an active Florida registration.) The name and the Florida street address o	•	Signature: PN 12: 41
business entity with an active Florida registration.)	•	all or another A ORAT UNO
business entity with an active Florida registration.) The name and the Florida street address o	f the registered agent are:	og ATTURS
business entity with an active Florida registration.) The name and the Florida street address o Shannon Ann Axe 1582 Elm Grove Rd.	f the registered agent are:	or another 12: 41
business entity with an active Florida registration.) The name and the Florida street address o Shannon Ann Axe 1582 Elm Grove Rd. Florida str 33327 Weston, FL. 100028	f the registered agent are:	ORATIONS

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED) Page 1 of 2

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

Francis Roger Savasta III

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)