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(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE DIVISION OF CORPURATIONS

COVER LETTER

TO: Registration Son Division of Co				
SUBJECT: MTL C	onstruction Services,		·	
	(Name of Limite	d Liability Compa	any)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing	g.	
Please return all corresp	condence concerning this matter	er to the following	;	
Matt Limba	ach			
	(Name of Person)		
MTL Cons	truction Services, LL	С		
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	
24 My Wa	y Circle			
		(Address)		
Santa Ros	sa Beach, FL 3245	9		
***************************************	(City	State and Zip Code	e)	
For further information	concerning this matter, please	call:		
Crystee Williams	.	at (850	978-265	1
(Name	e of Person)		e & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Cop (additional copy	у	\$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	Registrati Division Clifton B 2661 Exe	purier Addression Section of Corporation Suilding secutive Center See, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	e Limited Liability Compan	y is:	
	ion Services, LLC		
(Must end with the	words "Limited Liability Company, "	Limited Company" or their abbreviation "LLC," or "L.	C.,")
ARTICLE II - The mailing ad		he principal office of the Limited Liability	y Company is:
Principal Offi	ce Address:	Mailing Address:	
24 My Way Circle		24 My Way Circle	
Santa Rosa Beac	h, FL 32459	Santa Rosa Beach, FL 32459	
		 	
(The Limited Liabil business entity wit	ity Company cannot serve as its own han active Florida registration.)	tered Office, & Registered Agent's Sign Registered Agent. You must designate an individual or	another
I he name and	the Florida street address of	the registered agent are:	9 ≥s
	Matt Limbook		SIOF SIOF
	Matt Limbach	Name	SECRETA VISION OF 07 MAR 2
	7	Name	ARY CC
	24 My Way Circle	Name et address (P.O. Box <u>NOT</u> acceptable)	ARY OF CORPU
	24 My Way Circle		ARY OF STA
	24 My Way Circle Florida stre Santa Rosa Beach	et address (P.O. Box <u>NOT</u> acceptable)	ARY OF CORP.

(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:

MCD" - Managar	Name and Address:
"MGR" = Manager "MGRM" = Managing Mei	nher
Motavi Managing Me	
MGR	Matt Limbach
	24 My Way Circle
	Santa Rosa Beach, FL 32459
	ţ

	· ————————————————————————————————————
Use attachment if necessar	v)
LE V: Effective date, if oth	er than the date of filing: (OPTION
LE V: Effective date, if oth fective date is listed, the dadays after the date of filing	er than the date of filing: (OPTION te must be specific and cannot be more than five business day.)
LE V: Effective date, if oth fective date is listed, the dadays after the date of filing	er than the date of filing: (OPTION te must be specific and cannot be more than five business day.)
LE V: Effective date, if oth fective date is listed, the dadays after the date of filing REQUIRED SIGNATUR	er than the date of filing: (OPTION ite must be specific and cannot be more than five business day.) E:
LE V: Effective date, if oth fective date is listed, the dadays after the date of filing REQUIRED SIGNATUR	er than the date of filing: (OPTION te must be specific and cannot be more than five business day.)
LE V: Effective date, if oth fective date is listed, the dadays after the date of filing REQUIRED SIGNATUR Signature (In accordate of this doctory)	er than the date of filing: (OPTION ite must be specific and cannot be more than five business day.) E:
fective date is listed, the date days after the date of filing REQUIRED SIGNATUR Signature (In accordate of this doc	er than the date of filing: (OPTION the must be specific and cannot be more than five business deg.) E: Of a member or an authorized representative of a member. Increase with section 608.408(3), Florida Statutes, the execution furnished constitutes an affirmation under the penalties of perjury facts stated herein are true.)

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)