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SECRETARY OF STATE
DIVISION OF COSPORATION

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJI	ECT: Parkerz	z Construction, LLC			
		(Name of Limited	d Liability Compa	ny)	
The en	closed Articles of	f Organization and fee(s) are su	ubmitted for filing	: •	
Please	return all corresp	ondence concerning this matte	r to the following:	:	
	Donna R. F			·	
		(1	Name of Person)		
	Parkerz Co	nstruction, LLC	···		
		(Firm/Company)		
	500 Rest I	laven Road			
			(Address)		
	Geneva, F	L 32732			
		(City)	State and Zip Code)	
For fur	ther information	concerning this matter, please	call:		
Donr	na R. Peters		at (407 (Area Code	349-577	5
	(Name	of Person)	(Area Code	& Daytime To	elephone Number)
Enclos	sed is a check fo	or the following amount:			
▼ \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	,	\$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	Registration Division of Clifton Bi 2661 Exe	ourier Addression Section of Corporation uilding cutive Center ee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Parkerz 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 prin	ncipal office of the Limited Liability Comp	oany is:	:	
Principal Office Address:	Mailing Address:			
500 Rest Haven Road	500 Rest Haven Road			
Geneva, FL 32732	Geneva, FL 32732			
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:				
Name		26 /	음숙류	
	ess (P.O. Box <u>NOT</u> acceptable)	AH II: 53	RESTATE	
Geneva, FL 32732 City, State, an	FL d Zip	(<u>录</u>	

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:

MGRM P	Oonna R. Peters OO Rest Haven Road Geneva, FL 32732 Parker A. Long OO Rest Haven Road Geneva, FL 32732
MGRM P	00 Rest Haven Road Geneva, FL 32732 Parker A. Long 00 Rest Haven Road
MGRM P	Seneva, FL 32732 Parker A. Long 500 Rest Haven Road
MGRM 5	Parker A. Long 500 Rest Haven Road
5	00 Rest Haven Road
	Seneva, FL 32732
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
	of filing: April 20, 2007 (OPTIONAL) ific and cannot be more than five business days p
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.)

Donna R. Peters

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)