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| (Requestor's Name) | | | | |
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| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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| Division of Corp | | | | | |
|----------------------------|---|---|---|------------------|--|
| SUBJECT: <u>RDU</u> | SSEAU CONSTRU | CTTON + RE | END VATION L | 4 | · - |
| | (Name of Limited Liab | ility Company) | | | |
| The enclosed Articles of | Organization and fee(s) are submitt | ed for filing. | | | |
| Please return all correspo | ndence concerning this matter to the | e following: | | | |
| | DANIEL (Name o | ROUSSED | AU | - | |
| | ROUSSEAU | CONST + R | | <i>,</i> - | |
| - | 1017 GUY | (PD) | | | |
| | DRUAND | | 828 | ~ | 0 |
| | (City/State a | nd Žip Code) | | 07 H | 15.5 13.5 13.5 13.5 13.5 13.5 13.5 13.5 |
| For further information co | oncerning this matter, please call: | | | A | 유동- - |
| DANIEL K | | (Area Code & Daytime Te | 51451 | 07 HAY 11 PM 1:1 | CORP OF S |
| (Name o | f Person) | (Area Code & Daytime Te | lephone Number) | •• | AATI |
| Enclosed is a check for | the following amount: | | | æ | Sign |
| \$125.00 Filing Fee | Certificate of Status Cert | S155,00 Filing Fee & iffied Copy tional copy is enclosed) | \$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 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| ROUSSEAU COUS (Must end with the words "Limited Liability Compa | STRUCTION + REN OVATION LLC any, "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 Company is: |
| Principal Office Address: | Mailing Address: |
| 1017 GUY RD ORLANDO, PC 32 | SAME SAME |
| | |
| DANIE | L ROUSSEAU P |
| 10/7 G | Suy RD a street address (P.O. Box NOT acceptable) |
| ONLA | WDO FL 3082F ity, State, and Zip |
| | t 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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.)

DANIEL ROUSSEAU
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)