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(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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# **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT:		CONSTRUCTION ed Liability Company)	)
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	JEFF	ERY P. Bupk (Name of Person)	TALLINHASSEE, F
		(Firm/Company)	8 PH
***************************************	2133 Dai	USHIRE DR.	Tall.
For further information	Tallaha (City	y/State and Zip Code)	32308
(Nom.	of Person)	at () (Area Code & Daytime 1	P. L. L. Marshan
(Name	of Person)	(Area Code & Daytime	ciepnone Number)
Enclosed is a check for	or the following amount:	·	
ρ \$125.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	ρ \$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 Cente	ons

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	E I - 1	Name:

The name of the Limited Liability Company is:

**ARTICLE II - Address:** 

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:** 

**Mailing Address:** 

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:

Danshiret D.R.

Florida street address (P.O. Box NOT acceptable)

TallahasstE FL 32308
City, State, and Zip

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.,

ed Agent's Signature (REQUIRED)

(CONTINUED)

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGR TEFFERY P. Burke Z133 MNSHIRE DIVE TALLANA SSEE FL. 32308

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_\_. (OPTIONAL) (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 adordince 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.)

JEFFERY P. BURKE

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)