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(Re	questor's Name)
(Add	dress)
(Add	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Fiting Officer:
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporation			٨.٥ ٩ 🖪	
SUBJECT: A.	Wright Cons	Struction L Liability Company)	LC PROBLEM SON	くつ
The enclosed Articles of Or	ganization and fee(s) are sub	mitted for filing.	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Please return all corresponde	ence concerning this matter t	to the following:	A DEC.	
He	thur Wrice	inc of Person)		
		irm/Company)		F* -
33	13 Cameron	Chase Dr		
	13 ameron	(Address)	<u> </u>	=-
Ta	[//ahassee		32309	
•	(City/S	itate and Zip Code)	, — · · · · · · · · · · · · · · · · · ·	
For further information cond	cerning this matter, please ca	dk:		
				_
(Name of F	'erson)	t (elephone Number)	
Enclosed is a check for the	ne following amount:	•		
		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)	
ē L F	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassec, FL 32301	ons Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Plability Company, "Limited Company" or their abbreviation "LLC," or "L.C., "Company"	3.0
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company	; P Ris:
Principal Office Address: Mailing Address:	
33/3 Cameron Chase Rd SAME	r ir
Tallahassee Fl 32309	orten in en en en Ann intale ouzen i
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:	
Arthur Wright Name	
3313 Cameron Chase Rol	

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..

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

Registered Agent's Signature (REQURED)

City, State, and Zip

(CONTINUED)

ARTICLE IV-	Manager(s) or	Managing Memb	er(s):
rimi 3	11 6 5 3		

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	- · · · · · · ·
"MGRM" = Managing Member	Arthur Wright 33/3 Cameron Chase Rd Tallahassee Fl 32309	
		,≟ v ≟.*
		· · ·
(Use attachment if necessary)		·
ARTICLE V: Effective date, if other than the date an effective date is listed, the date must be prior to or 90 days after the date of filing.)	ate of filing: (OPTION	•
REQUIRED SIGNATURE:		
ates	E West h	

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 penaltics of perjury

that the facts stated herein are true.)

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)