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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE

DIVISION OF STATE

OF STA

## COVER LETTER

Division of Con					
SUBJECT: /or					
	(Name of Limite	d Liability Company)			
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
	Justy York				
	ork Construct	Name of Person)  tion LLC (Firm/Company)			
	)s Camparour				
	llahassee Fl	,		07 JUN	SECRET
	(City	//State and Zip Code)		-5	ARY
For further information	concerning this matter, please	call:		-5 PH 12: 13	OF ST
		at ( )		$\overline{\omega}$	REALE
(Name	of Person)	at ()(Area Code & Daytime 7	elephone 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 I Certificate of Stat Certified Copy (additional copy is en	tus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
York Construction (Must end with the words "Limited Liability Company, "Limited Company)	
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
105 camparound Pond Rd. Tallahassee Florida 32310	same
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	ffice, & Registered Agent's Signature: Agent. You must designate an individual or another
The name and the Florida street address of the regis	stered agent are:
Dusty York	
, indite	
105 Campacound Pond Florida street address	/ Rd.
florida street address	s (P.O. Box <u>NOT</u> acceptable)
Tallahassee F City, State, and	zl 323/0
Having been named as registered agent and to acc liability company at the place designated in this	*

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

TALLAHASSEE, FLORIDA

1	

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	Name and Address:	
MGRM - Wallaging		ampground
-		
(Use attachment if nece	essary)	
FICLE V: Effective date, in effective date is listed, or to or 90 days after the date.  REQUIRED SIGNAT		(OPTIONAL) I five business day
<u>REQUIRED</u> SIGNAT		0 TA
	$\wedge$ $+$ $\vee$ $\vee$	7.
	Dusty York	JUN-5 PHI2:

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)