## L07000065258

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

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Kokopelli Construction LLC	OT JUN 21 PM 3: SECRETARY OF S TALLAHASSEE.FL
•	Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File
	RA Resignation
Requested by:    Color   Color	Fictitious Search

## 

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 Signatur

(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:

<u>[itle:</u> 'MGR'' = Manager	Name and Address:
MGRM" = Managing Member	
Managar	ELLIS WAYNE FUR ZIB FETWERY BOX LOY = VONDO FI 338
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(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member of	r an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)

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)