L07000019493

(Requestor's Name)				
(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:				
1.S				





300104215403

06/13/07--01042--007 **160.00

TALL AHASSEF FLORING
SECRETARY OF STATE
LORING

COVER LETTER

Division of Cor			
SURJECT. Action (Quality Excavation,LL	.c	
		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	r to the following:	
James Tho	mpson		
- destructions	 	Name of Person)	
Action Qua	lity Excavation,LLC		
	(Firm/Company)	
7840 Lake	Ave.		
- · · · · · · · · · · · · · · · · · · ·		(Address)	
Fanning S	prings, Fl. 32693		
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
James Thompson		at (352) 221-057	1
(Name of Person)		(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional 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



June 15, 2007

JAMES THOMPSON 7840 LAKE AVENUE FANNING SPRINGS, FL 32693

SUBJECT: ACTION QUALITY EXCAVATION, LIMITED LIABILITY COMPANY

Ref. Number: W07000028497

We have received your document for ACTION QUALITY EXCAVATION, LIMITED LIABILITY COMPANY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 13, 2007. Please amend your document accordingly.

The suffix on your cover sheet is LLC (abbreviated) but on your Articles, it is spelled out entirely. Please verify how you would like to use the LLC suffix and be sure it matches on each page of your filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Document Specialist

Letter Number: 907A00040224

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
	·
Action Quality Excavation,LLC	ny, "Limited Company" or their abbreviation "LLC," or "L.C.,")
(Must end with the words "Limited Liability Compar	ny, "Limited Company of their appreviation LLC, or L.C.,)
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7840 Lake Ave	7840 Lake Ave
Fanning Springs, Fl. 32693	Fanning Springs, Fl. 32693
business entity with an active Florida registration.) The name and the Florida street address James Thompson 7840 Lake Ave.	Name
	street address (P.O. Box <u>NOT</u> acceptable)
Fanning Springs, Fl. 3	ty, State, and Zip
Having been named as registered agent liability company at the place design registered agent and agree to act in this statutes relating to the proper and com accept the obligations of my position	t and to accept service of process for the above stated limited tated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and a as registered agent as provided for in Chapter 608, F.S
	AHASS

(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>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	•
MGR	James Thompson
	7840 Lake Ave.
	Fanning Springs, Fl. 32693
·	
<u> </u>	
ICLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE.	
Signature of a memb	O THOMOSON ber or an authorized representative of a member.
(In accordance with s of this document con- that the facts stated	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury therein are true.)
James Thompson	
	yped or printed name of signee
Filing Fees:	700 TAI

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2