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(Re	equestor's Name))
(Ad	ldress)	
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(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NT NOV 15 PM 4:

COVER LETTER

τo:	Registration Section Division of Corporations
SUBJE	CT: Construction Consultants LLC (Name of Limited Liability Company)
The enc	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
-	Construction Consultants ILC
-	Construction Consultants LCC (Firm/Company)
-	3076 Wniviaway Tvi
-	Talahassee FL 32309 (City/State and Zip Code)
For furt	her information concerning this matter, please call:
Cri	WVEVSOV 1 JCS 1 at (850) 528-0872 (Name of Person) (Area Code & Daytime Telephone Number)
Enclose	ed is a check for the following amount:
\$125.0	O0 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



November 7, 2007

GUYVENSON JOSIL 3076 WHIRLAWAY TRAIL TALLAHASSEE, FL 32309

SUBJECT: CONSTRUCTION CONSULTANTS LLC

Ref. Number: W07000055030

We have received your document for CONSTRUCTION CONSULTANTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Letter Number: 707A00064851

Leslie Sellers Regulatory Specialist II

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
, ,	
Construction Cons	sultants LLC
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
30710 Whirlaway Trl Javanassee, FL 32309	30710 Whirkway Trl Tallahassee FL 32309
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
CHAMPINY	egistered agent are: ETUYVENSCH JESI 1
Name	•
NIA	3646 Whirlaway Tyl
	ress (P.O. Box NOT acceptable)
City, State, at	FL Tallahassee, FL 32309
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.
Hussenson	Josel
Registered Agent's Signatu	re (REQUIRED)

(CONTINUED)
Page 1 of 2

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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" = Manage "MGRM" = Mana		
MGR		Guyvenson Josi 30710 Whivlouby IVI Tallahassee, FL 32309
 	_	
		
	_	
	_	
ICLE V: Effective do not be a constant of the days after the da REQUIRED SIG	ted, the date must be te of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days pr
	_	
		uson Jasu
	(In accordance with sec of this document constitute that the facts stated in	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury herein are true.) EUI JOSI ped or printed name of signee
	, 1y	ped of 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)

Page 2 of 2