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DIVISION DE PRESENTATION

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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	Tonsero Construction //
The end	sed Articles of Organization and fee(s) are submitted for filing.
Please	turn all correspondence concerning this matter to the following:
	Floyo Jenison (Name of Person)
	(Firm/Company)
	22963 N.W. Black Botton RD.
	A 1 + t/a , FLa, 32421 Box (City/State and Zip Code)
	(City/State and Zip Code)
For fur	er information concerning this matter, please call:
	Name of Person)  (Name of Person)  (Area Code & Daytime Telephone Number Number Name Number
	(Name of Person) (Area Code & Daytime Telephone Number 25
Enclo	d is a check for the following amount:
<b>Ø\$</b> 125	O Filing Fee \$\frac{1}{2}\$130.00 Filing Fee & Certificate of Status \$\frac{1}{2}\$155.00 Filing Fee & Certificate of Status \$\frac{1}{2}\$Certified Copy (additional copy is enclosed) \$\frac{1}{2}\$Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Jenison Construction LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
NW. Black Button RD. AHla, Fla, 32421	NW Black Better RD.  Althe, Fla. 32424
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individuator another
The name and the Florida street address of the re	enison Figure
Florida street addi A (tha Black-Botto City, State, an	W. Black Botles RD  ress (P.O. Box NOT acceptable)  FL  on RD
City, State, at	ua Śih

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)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR.	FLOYD JEMISON 22963 NW Black Bettern 1 Alt Ha, FLA, 32421
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	PM 2: 29 Y OF 5 ATE EE, FLORID
(Use attachment if necessary)	
	the date of filing: (OPTION.
effective date is listed, the date mu	
effective date is listed, the date mu	ust be specific and cannot be more than five busing
effective date is listed, the date must or 90 days after the date of filing.  REQUIRED SIGNATURE:	
effective date is listed, the date must or 90 days after the date of filing.  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with	ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution estitutes an affirmation under the penalties of perjury

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)