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(Requestor's Name)				
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PICK-UP WAIT	MAIL			
/ ~				
(Business Entity Name)				
L08-3662				
(Document Number)				
Certified Copies Certificates of Sta	tus			
Special Instructions to Filing Officer:				
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COVER LETTER

TO:	Registration S Division of Co			
SUBJ	ECT:	(Name of Limite	OnStruction LL d Liability Company)	<u></u>
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
		Erick	Name of Person)	
		3577 Flat (xeek	(Firm/Company)	
		Chattahochee F	(Address)	·
		(City	//State and Zip Code)	
For fu	rther information	concerning this matter, please	call:	
	EXICK (Name	Eleab A Leon e of Person)	at (<u>850</u>) <u>544 - U</u> (Area Code & Daytime Tel	ephone Number)
Enclo	sed is a check f	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	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
De León ConStruct (Must end with the words "Limited Liability	by 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:
3511 Flatanek Rd. Chatahochee, A 32324.	2511 Flat Creck Rd. Chatta hoocher & 32324.
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	red Agent. You must designate an individual or another
_	
Name	ib Isleon Res & T
	ess (P.O. Box NOT acceptable)
Chatta hochee City, State, ar	FL 32724.
liability company at the place designated in the registered agent and agree to act in this capacit	ccept service of process for the above stated limited its certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of
	performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	

(CONTINUED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MARM (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member, (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury. that the facts stated herein are true.)

ARTICLE IV- Manager(s) or Managing Member(s):

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)