(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
\	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Lid	cument Number	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
·		
	•	•
		

Office Use Only



800120926258

03/24/08--01008--025 **160.00

Effective Date 3/3/08

B. Tarenda MAR 2 7 2008

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Farles Brick Paving + Consulting, LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tromas m Farleo (Name of Person)
Farleo Brick Paving+ Consulting, LLC
4235 Walthan lane
New Port Richey FL 34653 (City/State and Zip Code)
For further information concerning this matter, please call:
Thomas m Far leo at (12) 793 - 503 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Street/Courier Address Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	RT	ICI	Æ	- N	ame:
$\boldsymbol{\alpha}$				- 1,	

The name of the Limited Liability Company is:

Forko Brick Paving + Consulting 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:		
1935 Waltham lane.	Mailing Address: 5000 Effective Date 36	(C)	SE
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another		CRETARY OF S
The name and the Florida street address of the re	egistered agent are:	'.∵ >.	\equiv
Thomas M For Name	rleo	TIONS D7	111
4035 Waltho	Iress (P.O. Box NOT acceptable)		

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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member

ARTICLE V: Effective date, if other than the date of filing: 3 - 31 - 08 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

(Use attachment if necessary)

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.)

Typed or 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)