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SECRETARY OF STATE

2000 MAR 27 AH 10: 14

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Haygood & Sherman Construction. LLC			
- (Name of Limited Liability Com	pany)		
The enclosed Articles of Organization and fee(s) are submitted for fili	ng.		
Please return all correspondence concerning this matter to the following	ng:		
Samuel P Haygood			
(Name of Person)			
Haygood & Sherman Construction	n. LLC		
(Firm/Company)			
12592 So US Hwy 441	•		
(Address)			
Lake City Florida 32025			
(City/State and Zip Co	de)		
For further information concerning this matter, please call:			
PaT Haygood at (386	752-3496		
	ode & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee \& Certificate of Status \$\int \text{Certified C} \text{(additional collaboration)}\$			
Registration Section Registration Division of Corporations P.O. Box 6327 Clifton Tallahassee, FL 32314 2661 E	Courter Address ation Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ΔR	FICL	ж .	_ Na	me

The name of the Limited Liability Company is:

Haygood & Sherman 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:

y 441
32025

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Samuel P Hay	good
	Name
12592 So US	Hwy 441
Florida str	reet address (P.O. Box NOT acceptable)
Lake City	FL 32025
City,	State, and Zip

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) Page 1 of 2 2008 HAR 27 AM 10: 14 SECRETARY OF STATE

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Samuel P haygood	
	12592 So US Hwy 441	
	Lake City Florida 32025	
MGRM	John R. Sherman	
	12614 So US Hwy 441	_
	Lake City Florida 32025	_
MGRM	Brenda W Haygood	
	12592 So US Hwy 441	_
	Lake City Florida 32025	
		_

ARTICLE V: Effective date, if other than the date of filing: 4 - 01 - 08. (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:

(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)