

Office Use Only

G. MCLEOD

APR 1 0 2008

EXAMINER



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04/09/08--01024--020 **130.00

08 APR -9 PM 2: 34

SECRETARY OF STATE

COVER LETTER

TO:	Registration S Division of C				
SUBJE	ест: <u>А</u>	dam Harris C (Name of Limite	Construction d Liability Company)		
The end	closed Articles	of Organization and fee(s) are s	ubmitted for filing.	·	
Please	return all corres	pondence concerning this matte	er to the following:		
		Adam M. Hari	ls		
		(Name of Person)		
	Adam Harris Construction (Firm/Company)				
•	(Firm/Compeny)				
_	501 W. 9% Mile Road				
			(Address)		
	F	ensacola FL (Civ	32534		
•		(City	/State and Zip Code)		
For furt	ther information	concerning this matter, please	<u>. </u>	•	
				1000	
Adam M. Harri's at (850) 602-1988 (Name of Person) (Area Code & Daytime Telephone Number)			988 elephone Number)		
	·				
Enclos	ed 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	ns ·	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Adam Harris Construction LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab	
Principal Office Address: Mailing Address:	
501 W. 9% Mile Road SAME Rensacola FL 32534	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	8 VSP
Adam M. Hansis	APR
Adam M. Harris	TAR OF C
501 W. 9/2 Mile Rd	5
Florida street address (P.O. Box NOT acceptable)	5 55 5
Pensacola F FL 32534 City, State, and Zip	STATE CRATION 2: 35

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

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 "MGRM" = Managing Member	Name and Address:			
	"MGR" + "MGRM"	Adam Harris 501 W. 9 1/2 Mile Rd. Rensacola FL 32524			
	·				
	(Use attachment if necessary)				
ARTICI (If an ef	LE V: Effective date, if other than the date	e of filing: 4/8/08. (OPTIONAL) ecific and cannot be more than five business days prior			
1	REQUIRED SIGNATURE:				
	Jan 2 fl				
	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

Filing Fees:

×4 "

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

that the facts stated herein are true.)

Adam M. Harris
Typed or printed name of signee