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SECRETARY OF STATE
ALLAHASSEE, FI OBJE.

COVER LETTER

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT: ARTHUR H. STEIDEL, CONSTRUCTION SERVICES, L. (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: ARTHUR H. STEIDEL
(Name of Person) ARTHUR H. STEIDEL, CONSTRUCTION SERVICES, L.C.C., (Firm/Company)
14589 CALUSA PAUMS DRIVE
FOUT MYERS, FL. 33919 (City/State and Zip Code) (City/State and Zip Code)
For further information concerning this matter, please call: ARTHUR H. STEIDEL at (239 851.32 55 37 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\Begin{array}{c} \\$125.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Street/Courier Address Registration Section Division of Corporations Cliffon Building

2661 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:

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Maning Address:
4589 CALUSA PALMS DRIVE FORT MYERS, FL. 33919	14589 CALUSA PALMS DRIVE FORT MYERS, FL. 33919

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:			•
ARTHUR H STEIRE	ESE	7000	
Name	£ ₩		-
		HAY	η
14589 CALUSA YOUMS UKIVE	TARY ASSE	1	5
Florida street address (P.O. Box NOT acceptable)	no .	S	
FORT MUTRS 22010 F	וב נג וב נג	Ū	111
1 010 111500 FL 33 [19]	3₹		O
City, State, and Zip	PM .	(r)	
			

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:

INT DRIVE
33919 1051 41,005 02105 33919
ZODO NAY -5 SECRETARY O
FISTAL SOLUTIONAL) of the business days prior

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.)

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)