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EGRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Charles S. And (Name of Limited L	Jerson Constitution	roction
The enclosed Articles	of Organization and fee(s) are subn	nitted for filing.	
Please return all corres	spondence concerning this matter to	the following:	
 	Charles	Scott Ander ne of Person)	700
	harles S. Ande		
		W, 180 ST, Address)	
,	Trenton	te and Zip Code)	93 AHASSEEL
For further information	n concerning this matter, please call		Y OF STA
Charles S	Anderson at the of Person)	(Area Code & Daytime Tele	
Enclosed is a check t	for the following amount:		
\$125.00 Filing Fee	Certificate of Status	S155.00 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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Charles S. Anders (Must end with the words "Limited Liability	Son Construction LLC ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7730 N.W. 180 ST. Trenton IFI	7730 N.W. 180 ST, Trenton, FI
32693	32693
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the results $\frac{\mathcal{E}_{mma}}{N_{ame}}$	Anderson SSER 23
7730 N.W.	180 ST, SNA NOT acceptable)
	20 / O. 2
Trenton	
City, State, a	nd 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

Title: "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:
		
		EC AH.
		S 70 70 70 70 70 70 70 70 70 70 70 70 70
		——————————————————————————————————————
(Use attachmer	nt if necessary)	
(Use attachmer LE V: Effective date is	e date, if other than the	date of filing: (OPT)
LE V: Effectiv Tective date is l	re date, if other than the listed, the date must b	e date of filing: (OPT) e specific and cannot be more than five busines
LE V: Effectiv fective date is l days after the	re date, if other than the listed, the date must b date of filing.)	e date of filing: (OPT) e specific and cannot be more than five busines
LE V: Effectiv fective date is l days after the	re date, if other than the listed, the date must b date of filing.)	e date of filing: (OPT) e specific and cannot be more than five busines
LE V: Effectiv fective date is l days after the	re date, if other than the listed, the date must be date of filing.) SIGNATURE:	e date of filing: (OPT) e specific and cannot be more than five busines Surduce er or an authorized representative of a member.
LE V: Effectiv	re date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with se	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)