L080000 62028

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE

V08-29087

4/25

COVER LETTER

TO: ,' Registration Section Division of Corporations
SUBJECT: Do ±+ All Construction 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:
CHANCE LEE
(Name of Person)
(Firm/Company)
(Firm/Company) 254 Hyw. 393 unit 7 (Address) SANTA Rosa Beach, FL 32459 (City/State and Zip Code)
254 Hyw. 393 unit 7 (Address) SANTA ROSA Beach, FL 32459 (City/State and Zip Code)
For further information concerning this matter, please call:
Chawce LEE at (850) 278-6779 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & \$\times \text{\$155.00 Filing Fee & \$\times \text{\$160.00 Filing Fee, } \\ \text{Certificate of Status & Certified Copy (additional copy is enclosed)} \$\text{Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section Street/Courier Address Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



June 16, 2008

CHANCE LEE 254 HWY 393 UNIT 7 SANTA ROSA BEACH, FL 32459

SUBJECT: DO IT ALL CONSTRUCTION LLC

Ref. Number: W08000029087

We have received your document for DO IT ALL CONSTRUCTION LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The second page of the application was not enclosed. Enclosed are proper forms.,

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 508A00036684

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Do It All 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:
Principal Office Address: Mailing Address:
Principal Office Address: Mailing Address: 393 unit 7 South Rosa Beach FL 32459 Mailing Address: 8 ASY Hyw 393 unit PD South Rosa Beach FL 32459
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:
Chance LEE
Name
254 Hope 393 - Unit 7 Florida street address (P.O. Box NOT acceptable)
5. 1. Dova Berak 324-0

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

· A

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
WGR.	Chance LEE :
	SANTA ROSA BEACH, FL 3245
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<u> </u>	
	- Car
(Use attachment if necessary)	
CLE V: Effective date, if other than the ffective date is listed, the date must less days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE.	
Clar	per or an authorized representative of a member.

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)