

LO80000068003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**A. LUNT**

JUL 15 2008

**EXAMINER**

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Architectural Construction Management 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:

Nick PATTUAUDE

(Name of Person)

Architectural Construction Management LLC

(Firm/Company)

3965 Deer Crossing Ct #201

(Address)

Naples FL 34114

(City/State and Zip Code)

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For further information concerning this matter, please call:

Nick PATTUAUDE

at (239) 872 5700

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations  
Clifton 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:

Architectural Construction Management 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:

3965 Deer Crossing Ct #201  
NAPLES FL 34114

Mailing Address:

3965 Deer Crossing Ct #201  
NAPLES FL 34114

### 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:

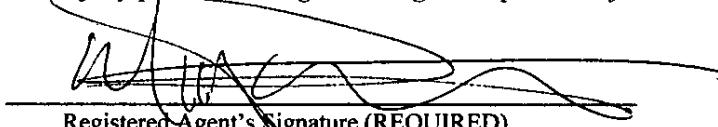
Nick Patenau de  
Name

3965 Deer Crossing Ct #201  
Florida street address (P.O. Box NOT acceptable)

Naples. FL 34114  
City, State, and Zip

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*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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MCRM =

**Name and Address:**

Nick PATERNAUDE  
3965 DEER CROSSING CR #201  
NAMES FL 34114

Thomas Renningshof  
6235 Lawrencewood way  
Naples FL 34116

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(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_.** (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:**

**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.)

Thomas Renninghoff  
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)**

### 3.5.00 Certificate of Status (Optional)

**DISCLAIMER-IMPORTANT INFORMATION:** The registration of a Fictitious Name does not satisfy the Workers Comp Exemption requirements. To meet the Workers Comp exemption requirements, Articles of Incorporation or Articles of Organization for a Limited Liability Company must be filed.

A Fictitious Name registration is not required for a person's legal name, corporation name, limited liability company name, or limited partnership name. A Fictitious Name registration is not required as a pre-requisite to filing a corporation, a limited liability company or a limited partnership.

Any information you submit on a registration will be made part of the public record. All information will be available on the Division of Corporation's web site for public view.

Please verify the information you submit for accuracy. The filing information will be added exactly as you enter it. Once you submit the information, it cannot be changed, removed, cancelled, or refunded.

I have read and accept the terms of this DISCLAIMER.

A handwritten signature in black ink, appearing to read "WA".

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