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SECKETARY OF STATE
AND ANASSES FIORITI

D. BRUCE

AUG 1 2 2008

**EXAMINER** 

## **COVER LETTER**

TO	P: Registration : Division of C						
SU	<sub>BJECT:</sub> Deep	Stream Construction	on LLC.				
		(Name of Limit	ted Liability Compa	ny)			
Th	e enclosed Articles of	of Organization and fee(s) are	submitted for filing	<b>,</b> ,			
Ple	ase return all corres	pondence concerning this mat	ter to the following:	:			
Michae	Carl Buns	o					
, ,			(Name of Person)				
	DeepStre	am Construction L	LC.		SE	80	gram netzf.Tu
			(Firm/Company)		A	100	
	4375 Aut	umn River Court			ASSI		
	···		(Address)	·	mc	PH	3 1
	Jacksonv	ille FL, 32224			FLOR	2: -	C.
		(Ci	ty/State and Zip Code	)	TOA	N	
Fo	r further information	concerning this matter, pleas	e call:				
Michael C	arl Bunso		_ <sub>at (</sub> _904	762-4425 & Daytime Telephone Nu			
·		e of Person)	(Area Code	& Daytime Telephone Nu	mber)		
En	closed is a check f	or the following amount:					
<b>☑</b> \$	125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	cy Certificy is enclosed) Certifi	0 Filing F cate of Sta ed Copy nal copy is e	itus &	)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations uilding outive Center Circle			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Addres	with the words "Limited	Liability Company, "L.L.C.," or "LLC.")			
The mailing address and	s:				
_	d street address of t	the principal office of the Limited I	Liability C	ompa	ny is:
Principal Office Addre	ess:	Mailing Address:			
4375 Autumn River Court		4375 Autumn River Court		_	
Jacksonville FL, 32224		Jacksonville FL, 32224			
(The Limited Liability Compan business entity with an active)  The name and the Florid	y cannot serve as its own Florida registration.) da street address of rl Bunso	tered Office, & Registered Agent Registered Agent. You must designate an ind the registered agent are:		AUG 11 PM 2: 12	Ligarian Section 1
4.5			RATE BEST	 	Care
43	75 Autumn Riv		D	. •	
,		eet address (P.O. Box <u>NOT</u> acceptable)			
Jac	cksonville, FL,				
	City, S	State, and Zip			

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 I - Name:** 

(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:

"MGR" = Manag		
"MGRM" = Man	aging Member	
	Michael	
MGRM		Carl Bunso 4375 Autumn River Court
		Jacksonville, FL, 32224
		Jacksonville, FL, 32224
	<del></del>	
	<del></del>	
effective date is list	date, if other than the date ted, the date must be sp	e of filing: <u>August 4H 2008</u> . (OPTIONAL ecific and cannot be more than five business days
CLE V: Effective of the control of t	date, if other than the date ted, the date must be spate of filing.)	e of filing: <u>August 4H 2008</u> . (OPTIONAL ecific and cannot be more than five business days
CLE V: Effective of	date, if other than the date ted, the date must be spate of filing.)	e of filing: <u>August 4H 2008</u> . (OPTIONAL ecific and cannot be more than five business days
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CLE V: Effective of the control of t	date, if other than the date ted, the date must be spate of filing.)  GNATURE:  Signature of a member or (In accordance with section)	an authorized representative of a member.  608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury
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