L08000090769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

No $

600134414196

09/24/08--01005--009 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 23 AM 11:05

W08-43172
BRAMAN SEP 17 2008

J. BRYAN
SEP 24 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: David Rice 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:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 23 AM 11:06

David Rice
(Name of Person)

(Firm/Company)

10 Marlin Ave Ponte Vedra Beach FL 32082
(Address)

Ponte Vedra Beach FL 32082
(City/State and Zip Code)

For further information concerning this matter, please call:

David Rice at (904) 338 4670
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- [x] $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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 23 AM 11:05

September 17, 2008

DAVID RICE
10 MARLIN AVE
PONTE VEDRA BEACH, FL 32082

SUBJECT: DAVID RICE CONSTRUCTION LLC
Ref. Number: W08000043172

We have received your document for DAVID RICE CONSTRUCTION LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for $125.00.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 608A00050478

Check Attached
Thanks!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 23 AM 11:05

ARTICLE I - Name:
The name of the Limited Liability Company is:

David Rice Construction LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

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

Principal Office Address:

10 Marlin Ave
Ponte Vedra Beach, FL
32082

Mailing Address:

10 Marlin Ave
Ponte Vedra Beach, FL 32082

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:

David Rice
Name

10 Marlin Ave
Florida street address (P.O. Box **NOT** acceptable)

Ponte Vedra Beach FL 32082
City, State, and 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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MGR	David Rice 10 Marlin Ave Ponte Vedra Beach FL 32082
MGR	CYNTHIA RICE 10 MARLIN AVE Ponte Vedra Beach FL 32082

(Use attachment if necessary)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 23 AM 11:

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.)

David Rice
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)