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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasinoso Emily Harris)
(Document Number)
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T. HAMPTON
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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Supplee Construction Se	ervices, LLC.
SODI		d Liability Company)
The en	aclosed Articles of Organization and fee(s) are so	submitted for filing.
Please	return all correspondence concerning this matte	er to the following:
	Ryan J. Supplee	
a.		Name of Person)
	((Firm/Company)
	2352 SE Maslan Ave.	
		(Address)
	Port Saint Lucie, FL 34952	
	(City.	//State and Zip Code)
For fu	rther information concerning this matter, please	call:
Rya	n J. Supplee	at (_616) 581-0980
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclo	sed is a check for the following amount.	
5 \$125	.00 Filing Fee \$\times \text{Certificate of Status}	\$155.00 Filing Fee & \$160.00 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:	
Supplee Construction Services, LLC (Must end with the words "Limited Liability)	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Supplee Construction Services, LLC. 2352 SE Maslan Ave. Port Saint Lucie, FL 34952	Supplee Construction Services, LLC. 2352 SE Maslan Ave. Port Saint Lucie, FL 34952
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the re Ryan J. Supplee Name	ered Agent. You must designate an individual or another
2352 SE Maslan Ave).
	ress (P.O. Box <u>NOT</u> acceptable)
Port Saint Lucie, FL	34952
City, State, a	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a. I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signature	SECRE VISION OF C

(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	Ryan J. Supplee
	2352 SE Maslan Ave.
	Port Saint Lucie, FL 34952
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTION
ffective date is listed, the date must days after the date of filing.)	st be specific and cannot be more than five business d

Signature of a member op 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.)

Ryan J. Supplee

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)

SECRETARY OF STATE DIVISION OF CORPORATIONS