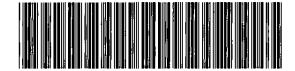
080001135A

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP (WAIT) MAIL
()
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
•
Considerations to Filips Officer
Special Instructions to Filing Officer:

Office Use Only



100138506971

12/12/98--01007**--0**16

eg DEC 12 NH ID: 42

**125.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pleiman 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:
Jacob Pleiman
Pleiman Construction LLC
(Firm/Company) 7520 SE SO HA AVESS
Newbern Florida, 32669 (City/State and Zip Code)
For further information concerning this matter, please call:
Tacob Pleiman at (352) 354-5236 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Cliffon Building

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

į

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Principal Office Address: Mailing Address:	ARTICLE I - Name:		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Mailing Address: Mailing Address: Mailing Address: Mailing Address: 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:	The name of the Limited Liability Company is:		
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 7520 SF 80 th Newberry FL. 32669 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:	(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	<u></u>	
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: \[\int_{acc} \int_{bc} \int_{co} \text{the pewberry FL} \]		oility Compa	any is:
(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: Sacob Pleiman	Principal Office Address: Mailing Address:		
(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: Sacob Pleiman	7520 SE 80th AVE 7520 SE 8 Newberry FL. 32669 AVE newberry	y FL	
Sacob Pleiman	(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individu	all or another	
	Jacob Pleiman		D. W. BARTON
TO SE 80 Th HUE Florida street address (P.O. Box NOT acceptable) New New Services 32669	Florida street address (P.O. Box NOT acceptable)	D: 42	The grad

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..

City, State, and Zip

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:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	Jacob Pleiman 7520 SE 80 th AUE Newberry FL 32669
	· · · · · · · · · · · · · · · · · · ·
	70 70
	RG 3
···	- Re 3 5 5 5
(Use attachment if necessary)	1-1-09
ICLE V: Effective date, if other than th	ne date of filing: (OPTIONAL)
	be specific and cannot be more than five business days p
REQUIRED SIGNATURE:	
- Com	Plan
Signature of a memb	ber of an authorized representative of a member.
(In accordance with s of this document cons that the facts stated	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)

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)