(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	,
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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G. MCLEOD

DEC 3 0 2008

**EXAMINER** 



200139238082

12/29/08--01021--007 \*\*130.00

## **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT: Site	WORK Utili (Name of Limite	Hy Contractor, ed Liability Company)	LLC.
The enclosed Articles of Org	ganization and fee(s) are s	submitted for filing.	
Please return all correspond	ence concerning this matte	er to the following:	
<del></del>	Craig ?	S. Donto Name of Person)	
	(	(Firm/Company)	
40	101 nw.	(Address)	Suite 202
Ft.la	auderdale (City	State and Zip Code)	9
For further information cond	eerning this matter, please	call:	
Sue Pa	rrish erson)	at (954) 229 - (Area Code & Daytime Telep	2006 phone Number)
Enclosed is a check for th	<del>-</del>	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P	failing Address egistration Section bivision of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Siteuark Utility Contractor, 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	s:
Principal Office Address: Mailing Address:	
4901 NW.17th Way Suite 202 SamE	
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:	2
Craig S. Danto  Biggs  4901 nul 17th Lbu Suite 202 8	ECRET
4901 nw. 17th Way, Suite 202 Florida street address (P.O. Box NOT acceptable)	ARY OF
F1. lauderdale FL 33309 23	
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 a 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	dl

(CONTINUED)
Page 1 of 2

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGR"	Craig Danto 4901-NW 17th Way Suite 202 Ft. lauderdale, Fl. 33309
"MGR"	Rick Davis 4901 NW 17th Way Suite 202 Ft. lauderdale, F1. 33309
(Use attachment if necessary)  FICLE V: Effective date, if other than an effective date is listed, the date must 90 days after the date of filing.)  REQUIRED SIGNATURE:	the date of filing: 12/52/08. (OPTIONAL t be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Signature of a me	pber or an authorized representative of a member.
of this document co	a section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ed herein are true.)
	raia Danto 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)