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C. LEWIS 1-8-09

**EXAMINER** 

# **COVER LETTER**

Registration Section

TO:

Division of Co	rporations		
SUBJECT:	ONSTRUCTIO (Name of Limit	ed Liability Company)	FLORIDA, LL
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	ter to the following:	
14	ionas J.	(Name of Person)	
		(Firm/Company)	
5	330 TATTIN	IGET LANE	
		(Address)	
	VIENO, FL	32765	
·	• (Cit	y/State and Zip Code)	
For further information of	concerning this matter, please	e call:	
Ton Mo	of Person)	at (407 ) 212- (Area Code & Daytime Tel	ephone Number)
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Corporation Clifton Building 2661 Executive Center 6 Tallahassee, FL 32301	



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 19, 2008

THOMAS J. MORGAN 5330 TATTINGER LANE OVIEDO, FL 32765

SUBJECT: CONSTRUCTION SERVICES OF FLORIDA, LLC

Ref. Number: W08000056218

We have received your document for CONSTRUCTION SERVICES OF FLORIDA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L01000022458.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 508A00061064

DEPARTMENT OF STATE 09 JAN -5 PM 3: 03

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	·
The name of the Limited Liability Company is:	· · · · · · · · · · · · · · · · · · ·
INDEPENDENT CONSTR	nation Dervices, LLC
Laurence Service	es of Florina LLC
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ADDICT E II Addices	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
The maning address and sheet address of the pro-	
Principal Office Address:	Mailing Address:
5330 TATTINGER LANG	5330 Talemois Land
OVIEDO FL 32765	DVIEND FL 32765
ADDICE DELL DOLLAR AND DELLAR	Office O Desistent Assetts Clausetones
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered)	
business entity with an active Florida registration.)	يج ب
The name and the Florida street address of the re	egistered agent are:
-T-1	
Name	, PCORAM
	, m
5330 Tax+ Me	iress (P.O. Box NOT acceptable)
•	
OVIEDO City State o	FL 32765 ω ω ω ind Zip
	•
	accept service of process for the above stated limited
	his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all
	rformance of my duties, and I am familiar with and
	stered agent as provided for in Chapter 608, F.S.
Registered Agent's Signati	ure (REQUIRED)
1/	

(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:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	Jecretary of str Tallahassee. Flo
MGR	Thomas J. Morgan
	5330 Tamuser Love Ovices FL 32765
	<u> </u>
· · · · · · · · · · · · · · · · · · ·	date of filing: 12/17/08. (OPTIONAL) e specific and cannot be more than five business days prior
r 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
Signature of a membe	er or an authorized representative of a member.
(In accordance with sec of this document consti that the facts stated h	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury terein are true.)
Twomas	ped 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)