## 10900011446

(0					
(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:					

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02/04/03--01015ALLAHASSEE, FLORID

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BY STATE

BY

S. HAWKES
FEB 0 4 2009
EXAMINER

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJI	ест: <u>Д</u>	HONEY MANO	d Liability Company)	ruction Services, W
The en	closed Articles o	of Organization and fee(s) are s	submitted for filing.	
Please	return all corresp	condence concerning this matter	er to the following:	
	An	toney Mar	Name of Person)	
			(Firm/Company)	
	1186	5 Register	FArm (Address)	Road
	-	TAllahassee	FL. 3230  //State and Zip Code)	<u>55</u>
For fur	thar information	·	·	
R	<u>sderick</u>	Concerning this matter, please	at ( <u><b>850</b></u> ) <u><b>544</b></u> (Area Code & Daytin	-3941
	(Name	e of Person)	(Area Code & Daytin	ne Telephone Number)
		or the following amount:		
<b>₫</b> \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclose	S160.00 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 Add Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations nter Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Construction Services, L.L.C

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Principal Office	Address:	<b>Mailing Address:</b>	Mailing Address:		
11865 R Tollahass	egister Farm Rd. ee, Fl. 32305	<u>same</u> ao	Office		
(The Limited Liability business entity with a		tered Office, & Registered Registered Agent. You must designate the registered agent are:	e an individual Grandher PEB - 4		
• .	N	Vame	PM 2: OF SI E. FLO	C	
	625 East N	MAGNOLIA Dr			
	Florida stre	et address (P.O. Box NOT accept	able)		
	<u>lallahass</u>	ee FL 32301	_		
	City, St	tate, and Zip			
liability comp registered agent statutes relatin	oany at the place designated and agree to act in this cap g to the proper and comple	d to accept service of process d in this certificate, I hereby a pacity. I further agree to come te performance of my duties, registered agent as provided	accept the appointment of aply with the provisions of and I am familiar with the province of the and I am familiar with the angle of	as of all and	

Registered Agent's Signature (REQUIRED)

(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: Title: "MGR" = Manager "MGRM" = Managing Member

MGR
Antoney Manning
11865 Register Farm Rd
TAllahassee, FL. 32305

Roderick Arnow
625 & Magazin Day
TAHL, FL. 32301

PROPERTY OF THE PROPERTY

(Use attachment if necessary)

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.)

yped or printed name of signed

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)