

Division of Corporations

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**L09000011949**

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

**FLORIDA/FOREIGN LIMITED LIABILITY CO.****Construction Services by Joseph Litton LLC**

Certificate of Status	1
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Estimated Charge	\$130.00

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Corporate Filing Menu

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**T. HAMPTON**

FEB - 6 2009

**EXAMINER**

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name

The name of the Limited Liability Company is: **Construction Services by Joseph Litton LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1650 Clekk Circle

1650 Clekk Circle

Geneva, FL 32732

Geneva, FL 32732

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

**Joseph Litton**

Name

**1650 Clekk Circle**

(P.O. Box or Mail Drop Box NOT Acceptable)

**Geneva, FL 32732**

(City / State / Zip)

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*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.*

  
Registered Agent's Signature - Joseph Litton

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**ARTICLE IV - Manager(s) or Managing Member(s):**

H09000026900

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Joseph Litton - 1650 Clekk Circle, Geneva, FL 32732

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
Signature of a member or 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. )

Joseph Litton

Typed or printed name of signee

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