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SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

TO:	Registration Division of C		. ;	<b>;</b>	<b>t</b> i *		
SUBJI	ECT: Cliffor	d Hall Constructio	n LLC_				
		(Name of Limi	ted Liability Compa	ıny)			
The en	closed Articles	of Organization and fee(s) are	submitted for filing	<b>3</b> .			
Please	return all corres	pondence concerning this ma	tter to the following	•			
	Clifford Ha	all					
			(Name of Person)				
	Clifford H	all Construction Ll	LC				
	(Firm/Company)						
	5756 SE	55th Terrace					
			(Address)				
	Keystone	Heights, FI 32656	•				
		(Ci	ty/State and Zip Code	)			
For fur	ther information	concerning this matter, pleas	e call:				
Cliffe	ord Hall	at ( 352	235-293	5			
	(Name	e of Person)	(Area Code	& Daytime Tel	ephone Number)		
Enclos	sed is a check fo	or the following amount:					
<b>□</b> \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	у	\$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	Registration Division of Clifton Bu 2661 Exec	of Corporations			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
Clifford Hall Construction LLC  (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
Clifford Hall	5756 SE 55th Terrace, Keystone Heights, FI 32656		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the reconstruction Clifford Hall  Name  5756 SE 55th Terrace Florida street address of Keystone Heights, Fl	egistered agent are:  By SECOND FILE  By SECON		
City, State, ar	10		

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 (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" = I "MGRM" =	Manager = Managing Member	Name and Address:				
MGR		Clifford Hall				
		5756 55th Terrace				
		Keystone Heights, FI 32656	_ _			
MGMR		Mitchell Harnmond				
		5756 55th Terrace	<del></del>			
		Keystone Heights, FI 32656	_			
			<del>-</del>			
			_			
	<del></del>					
ARTICLE V: Effe	e is listed, the date must b	date of filing: (OPTION of the control of t	ONAL) s days prior			
REQUIRE	ED SIGNATURE:					
	Cliffond E. J. Signature of a member	Holl or 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.)					
	Clifford Hall					
•	Tv	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)