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COVER LETTER

TO:

Registration Section

Division of	Corporations		
SUBJECT:	Sustainable Cons	struction Cost Consulta	ants, LLC
	Name of Limit	ted Liability Company	
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	75.
	Mic	hael A Hollowell	SECRETALLAH
		Name of Person	L-6 TAR HASS
	Sustainable Cons	truction Cost Consultants, Firm/Company	<u> </u>
	5400		PH 2: 56 PF STATE EFLORID
	5120	Brandies Circle N Address	<u> </u>
	Saras	sota/Florida 34243	
	Cit	ty/State and Zip Code	
		ollowell@verizon.net	
For further information	E-mail address: (to be used on concerning this matter, pleas	for future annual report notification) e call:	
	ael A Hollowell	at (941) 3	55-1957 phone Number
Enclosed is a check	for the following amount:		
]\$125.00 Filing Fee	e \$\Bigsim\$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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
Sustainable Construction (Must end with the words "Limited L	Cost Consultants, LLC	
ARTICLE II - Address:		,
The mailing address and street address of the	e principal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:	
5120 Brandies Circle N Sarasota/Florida 34243	5120 Brandies Circle I Sarasota/Florida 3424	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Ag egistered Agent. You must designate an	individual or another
The name and the Florida street address of the	ne registered agent are:	TILEL JUL -6 PH 2 KETARY OF ST KHASSEE, FLO
Michael	A Hollowell	
Na	me	2: 56 STATE LORIDA
5120 Brandies Circle N		56
Florida street address (I		
Sarasota/Florida 342	43 _{FL}	
City, Stat	e, and Zip	
Having been named as registered agent and	to accept service of process for	r the above stated limited

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)

(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> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Michael A Hollowell 5120 Brandies Circle N Sarasota/Florida 34243
MGRM	Marcia A Hollowell 5120 Brandies Circle N Sarasota/Florida 34243 PM ARCIA A Hollowell 5120 Brandies Circle N Sarasota/Florida 34243
	STATE STATE ORIDA
or 90 days after the date of filing.)	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days price
REQUIRED SIGNATURE: Signature of a men	hal G. Hull nber or an authorized representative of a member.
(In accordance with of this document co that the facts stated	section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury herein are true.)
Filing Fees:	Michael A Hollowell Typed or printed name of signee
\$125.00 Filing Fee for Articles of Or of Registered Agent	rganization and Designation

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)