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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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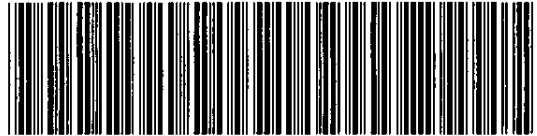
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EXAMINER  
SEP - 9 2009  
M. THOMAS

STONE & GERKEN, P.A.

ATTORNEYS AT LAW

4850 N. Highway 19A  
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(352) 357-0330  
Main Office Fax (352) 357-2474  
Lakeside Office Fax (352) 357-5445

LEWIS W. STONE  
SCOTT A. GERKEN

KATRINA M. THOMAS  
KEVIN M. STONE

September 3, 2009

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: **LT CONTRACTING SERVICES, LLC**

Dear Sirs:

Enclosed please find the original and copy of the Articles of Organization for filing regarding the above-referenced professional liability company. Also enclosed is a check in the amount of \$155.00 for the filing fee and certified copy.

Please return the certified copy of the filed Articles to me at the above address.

Very truly yours,

  
Scott A. Gerken

SAG:cak  
Enclosures

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**  
**OF**  
**LT CONTRACTING SERVICES, LLC**

**ARTICLE I**  
**NAME**

The name of this Limited Liability Company is **LT CONTRACTING SERVICES, LLC**.

**ARTICLE II**  
**DURATION**

This limited liability company shall have a perpetual existence commencing on the date these Articles are filed with the Secretary of State of the State of Florida, unless sooner terminated as provided herein.

**ARTICLE III**  
**PURPOSE**

This limited liability company is created for the purpose of transacting all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act as agreed upon by the members.

**ARTICLE IV**  
**PLACE OF BUSINESS AND REGISTERED AGENT**

The principal place of business of this limited liability company shall be 3137 Johnny Street, Orlando, FL 32817, or such other place or places as the members from time to time may determine.

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The mailing address of this limited liability company shall be 3137 Johnny Street, Orlando, FL 32817.

The initial Registered Agent of this limited liability company shall be **Robert W. Thomas Jr.**, 36400 Grand Island Oaks Circle, Grand Island, FL 32735.

#### **ARTICLE V MANAGEMENT OF THE BUSINESS**

This limited liability company shall be a manager-managed company. The initial managers shall be **Jimmy W. Lassiter** and **Robert W. Thomas, Jr.** Such managers shall continue to manage this limited liability company until a qualified successor is duly elected by a majority of members.

#### **ARTICLE VI PROPERTY**

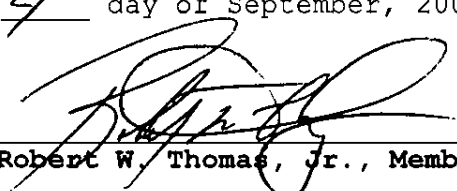
Real or personal property originally brought into or transferred to the Company, or acquired by the Company by purchase or otherwise, shall be held and owned, and conveyance shall be made, in the name of this limited liability company.

#### **ARTICLE VII AMENDMENTS**

These Articles, except for the vested rights of the members, may be amended from time to time by a two-thirds (2/3) majority in interest of the members, and the amendments shall be filed, duly signed by all members of the Company, with the Florida Department of State. All members agree to abide by the majority decision and agree to sign the amendments for the purpose of filing with the Florida Department of State.

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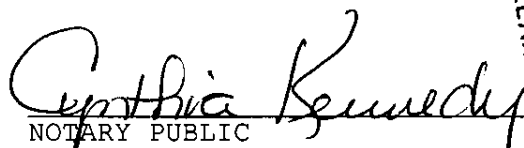
IN WITNESS WHEREOF, the parties hereto have executed these  
Articles of Organization on this 4 day of September, 2009.

  
Robert W. Thomas, Jr., Member

STATE OF FLORIDA  
COUNTY OF LAKE

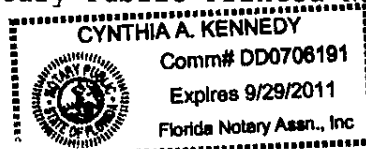
I HEREBY CERTIFY that on this day, before me, an officer duly  
authorized in the State aforesaid and in the County aforesaid to take  
acknowledgments, personally appeared **Robert W. Thomas, Jr.** who  
produced Florida Driver's Licenses as identification or who is  
personally known to me, and who executed the foregoing instrument and  
he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last  
aforesaid this 4th day of September, 2009.

  
NOTARY PUBLIC

Notary Public Printed Name

My Commission Expires:



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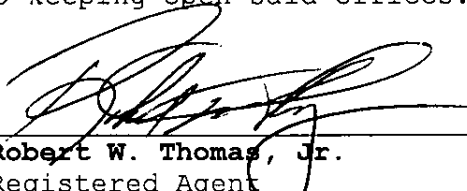
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR SERVICE OF PROCESS WITHIN THIS STATE,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First - that **LT CONTRACTING SERVICES, LLC**, desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Organization, at the City of **Orlando**, County of Orange, State of Florida, has named **Robert W. Thomas, Jr.** of 36400 Grand Island Oaks Circle, Grand Island, FL 32735, as its agent to accept service of process within this State.

**ACKNOWLEDGEMENT**

Having been named to accept service of process for the above stated Company, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said offices.

  
Robert W. Thomas, Jr.  
Registered Agent

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TALLAHASSEE, FLORIDA

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Sworn to and subscribed before me this 4th day of September, 2009 by **Robert W. Thomas, Jr.**

  
NOTARY PUBLIC

Notary Public Printed Name

My Commission Expires:

