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	(Requestor's Name)	
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	(Document Number)	
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SEGRETARY OF STAIL

C. LEWIS
SEP 1 42009
EXAMINER

COVER LETTER

TO:		tion Section of Corpora					
SUBJi	ECT:	114	Florida Co	nstructed Liab	ction ility Comp	1gnac	jement CC
The en	closed Arti	cles of Orga	unization and fee(s) are	submitte	ed for filing	g. ·	
Please	return all c	orresponder	nce concerning this mat	ter to the	e following	; :	
	<u></u>		N		w Siner		
				Name o	f Person		
				Pi/C			
				Firm/C	ompany		
			91		Wow Tr		
	,						,
					e, FL 32 nd Zip Code		
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					annual rep	ort notificatio	n)
For fur	ther inform	ation conce	rning this matter, pleas	e call:			
		Matthew		_ at (850)	510-5371
		Name of Pers	SON		Area Code	& Dayume	Telephone Number
Enclos	sed is a ch	eck for the	following amount:				
] \$125.	.00 Filing		130.00 Filing Fee & ertificate of Status	Ce Ce	5.00 Filin rtified Co ditional cop	_	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Re Div P.C	niling Address gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Registrati Division Clifton B 2661 Exc	ourier Addr ion Section of Corporat suilding ecutive Cent see, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	any is:
Florida Constru (Must end with the words "Limit	ction Management LLC ted Liability Company, 4 L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
911 Pow Wow Trail Tallahassee, FL 32304	911 Pow Wow Trail Tallahassee, FL32304
	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:
Ma	atthew Siner AFR 9
	Name 257 7
011.5	Pow Wow Trail
	ess (P.O. Box NOT acceptable)
Tallahassee,FI 3	2204
	State, and Zip
liability company at the place designate registered agent and agree to act in this constatutes relating to the proper and company to the place designates the place desig	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all polete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S
Registered Agent	s-Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Pag	FILED	
ARTICLE IV- Manager(s) or Managin The name and address of each Manager of	FILED 09 SEP 14 PH 3: 37	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	TALLAHASSEE. FLORIDA
MERM	Matthew Siner 21/0 fow wow TC Tallahms see F1 323	2¥
		
		
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)		
REQUIRED SIGNATURE:		
Signature of a member or	an authorized representative of a memb	er.
of this document constitute that the facts stated herein	. <i>'</i>	ury
Mathen		
Filing Fees:	or printed name of signee	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)