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***************************************	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	JP WAIT MAIL
· · · · · · · · · · · · · · · · · · ·	(Business Entity Name)
- 1	(Document Number)
Certified Copies	Certificates of Status
Special Instructio	ns to Filing Officer:
	A. LUNT
	NOV 10 2999
	EXAMINER

Office Use Only



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**130.00



COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	CI:	D. Eller Constructi	on	
	Name of Lin	nited Liability Company		
The end	losed Articles of Organization and fee(s) a	re submitted for filing.		
Please	eturn all correspondence concerning this m	natter to the following:		
		Daniel D. Eller		
		Name of Person	SE GREE	S NOV
-		Firm/Company	NSSE.	10 AH 9:2
		4791 Leah Ct.	m _S	至
•		Address	10	9
-		ahassee, FL 32303	<u> </u>	ည
		City/State and Zip Code		
-	E-mail address: (to be use	e428@hotmail.com d for future annual report notifica	tion)	
For furt	her information concerning this matter, plea	-	,	
	Daniel D. Eller	at (850)	556-9550	
	Name of Person	Area Code & Daytim	ne Telephone Number	
Enclose	ed is a check for the following amount:		lle	
]\$ 125.6	00 Filing Fee Status Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status &	
	Mailing Address Registration Section Division of Corporations	Street/Courier Ad Registration Section Division of Corpor	n .	

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



ARTICLE I - Name:	•	
The name of the Limited Liability Company i	is:	
Daniel D. Eller Co	onstruction LLC	
(Must end with the words "Limited Lia	ability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Liability Company is	s:
Principal Office Address:	Mailing Address:	
4791 Leah Ct	4791 Leah Ct	
Tallahassee, FL 32303	Tallahassee, Ft. 32303	
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the	e registered agent are:	Transfer of the Parket
		-
Nam	ne <u>Eq</u> B	77
4791 L	_eah Ct ကြိမ္မွ် မွာ 🧗	
Florida street address (P.	O. Box NOT acceptable)	
Tallahassee, FL 3230	Append & L. P.	
City, State,	, and Zip	

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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Daniel D. Eller
-	4791 Leah Ct.
	Tallahassee, FL 32303
	25.0
-	EE. FILO
	23
* That the hade	
(Use attachment if necessary)	
(Use attachment if necessary)	a data of Climan (OPTIONIAL)
CLE V: Effective date, if other than the	e date of filing: (OPTIONAL) be specific and cannot be more than five business days pr
CLE V: Effective date, if other than the effective date is listed, the date must he	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb	be specific and cannot be more than five business days proper or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
CLE V: Effective date, if other than the effective date is listed, the date must be done after the date of filing.) REQUIRED SIGNATURE: Signature of a memb of this document consideration.	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
CLE V: Effective date, if other than the effective date is listed, the date must be do days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with see of this document contract that the facts stated here.)	be specific and cannot be more than five business days proper or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)