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SECRETARY OF STATE
PALLAHASSEE, FINAIE

D. BRUCE
FEB. 5 2010
EXAMINER

## **COVER LETTER**

то:	Registration Division of C							
SUBJI	ECT:	David J.	Baun	n Cons	struction	LLC		
		Name of Lim	ited Lia	bility Cor	mpany			
The en	closed Articles	of Organization and fee(s) ar	e submi	tted for fi	ling.			
Please	return all corres	spondence concerning this ma	atter to t	he follow	ring:			
		**************************************		J. Bauı				
			Name	of Person				
		David J.			uction LLC	<u> </u>	<del></del>	
			Firm/	Company				
		34		/ 78 th	ave	·	Āσ	
			A	ddress			LAH	J. C
				, FL 3			TAI ASS	<u>.,</u>
			•	and Zip C			Y O	<b>&gt;&gt;</b>
		E-mail address: (to be used	Im39( For futu	yanoc re annual r	eport notificati	on)	-F 55-	=
For fur	ther information	o concerning this matter, plea	se call:				ATE RIDA	97
		id J. Baum	at (_	772		201-1867		
	Name	or retson		Area Co	ode & Daytime	Telephone Numb	ber	
Enclos	ed is a check f	for the following amount:						
<b>]</b> \$125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	<sup>-</sup> C	ertified (	ling Fee & Copy opy is enclosed	i) Certified	ite of Statu	ıs &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registr Division Clifton 2661 E	Courier Add ration Section on of Corpora Building Executive Cen assee, FL 323	ations ater Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nai			
The name of the L	imited Liability Compa	any is:	
(Mı		Construction LLC ed Liability Company," "L.L.C.," or "LLC	<del>, , , , , , , , , , , , , , , , , , , </del>
ARTICLE II - Ad The mailing address		the principal office of the Limi	ted Liability Company is:
Principal Office A	<u>Address:</u>	Mailing Address:	
3425 SW 78 th a	ve	3425 SW 78 th ave	Hadrada da ya Bakara da maka da kada d
(The Limited Liability Co business entity with an	ompany cannot serve as its own active Florida registration.) Florida street address of	istered Office, & Registered A on Registered Agent. You must designate a of the registered agent are: vid J. Baum Name	
		SW 78 th ave	Es Em
		ss (P.O. Box <u>NOT</u> acceptable)	
	Palm City , FL 34	1990 FL State, and Zip	A
liability compar registered agent ar statutes relating i	ny at the place designate and agree to act in this can to the proper and compagations of my position a	and to accept service of process for ted in this certificate, I hereby acc apacity. I further agree to compl lete performance of my duties, an as registered agent as provided for Signature (REQUIRED)	cept the appointment as by with the provisions of all and I am familiar with and

(CONTINUED)

EFFECTIVE DATE 2 1 10

### 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" = Manag	~~*	Name and Address:
"MGRM" = Mar		
MGR		David J. Baum
	<u></u>	3425 SW 78 th ave
		Palm City FL 34990
***		
		*****
(Use attachment	ii necessary)	
CLE V: Effective	date, if other than the	date of filing: 2/1/2010 (OPTIONAL) e specific and cannot be more than five business days price
CLE V: Effective effective date is lis	date, if other than the ted, the date must be te of filing.)	date of filing: 2/1/2010 (OPTIONAL) e specific and cannot be more than five business days price
CLE V: Effective of the control of t	date, if other than the ted, the date must be ate of filing.)  GNATURE:	date of filing: 2/1/2010 (OPTIONAL) e specific and cannot be more than five business days price or or an authorized representative of a member.
CLE V: Effective of the control of t	date, if other than the ted, the date must be ate of filing.)  GNATURE:  Signature of a member (In accordance with secondary)	er or an authorized representative of a member.
CLE V: Effective of effective date is lise the date of	date, if other than the ted, the date must be ate of filing.)  GNATURE:  Signature of a member of this document constitute the facts stated her Ty	er or an authorized representative of a member.
CLE V: Effective of the control of t	date, if other than the ted, the date must be ate of filing.)  GNATURE:  Signature of a member of this document constitute the facts stated her Ty	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution citutes an affirmation under the penalties of perjury rein are true.)
CLE V: Effective of effective date is list the days after the date of the date	date, if other than the ted, the date must be ate of filing.)  GNATURE:  Signature of a membe (In accordance with sec of this document const that the facts stated her Type (Type fee for Articles of Organ)	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution citutes an affirmation under the penalties of perjury rein are true.)
CLE V: Effective of effective date is list the days after the days	date, if other than the ted, the date must be ate of filing.)  GNATURE:  Signature of a membe  (In accordance with sec of this document const that the facts stated her Ty	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution citutes an affirmation under the penalties of perjury rein are true.)  AUM  ped or printed name of signee