

3/17/2010 13:

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ROBINSON ACCOUNTING

01/03

Division of Corporations

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**L10000029547**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H10000060882 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

**EFFECTIVE DATE**

**3/17/10**

From:

Account Name : ROBINSON ACCOUNTING SERVICE  
Account Number : I20030000126  
Phone : (850) 769-2331  
Fax Number : (850) 769-0269

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
C. G. CONSTRUCTION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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Fax Audit No: (((H10000060882 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

C.G. CONSTRUCTION, LLC

(Must end with the words "Limited Liability 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:

Principal Office Address:3922 VERONA CIRCLE  
PANAMA CITY, FL 32405Mailing Address:3922 VERONA CIRCLE  
PANAMA CITY, FL 32405

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CLAY D. GUTHRIE

Name

3922 VERONA CIRCLEFlorida street address (P.O. Box NOT acceptable)PANAMA CITY FL 32405

City, State, and Zip

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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.

Clay D. Guthrie

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMCLAY D. GUTHRIE3922 VERONA CIRCLEPANAMA CITY, FL 32405

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MARCH 17, 2010 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Clay D. Guthrie  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CLAY D. GUTHRIE

Typed or printed name of signer

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10 MAR 17 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)