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SECRETARY OF STATE

SECRETARY OF STATE

C. LEWIS

JUL 1 3 2010

EXAMINER

COVER LETTER

·TÖ': .

Registration Section ** **Division of Corporations** SUBJECT: ALLSOUTH CONSTRUCTION SERVICES L.L.C. Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MATTHEW T. LEMON Name of Person Firm/Company **8 EDGEWATER DRIVE** Address PENSACOLA FLORIDA 32507 City/State and Zip Code JPLEMON@COX.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MATTHEW T. LEMON at (850 ₁554-1707 Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □\$125.00 Filing Fee □\$130.00 Filing Fee & **□**\$155.00 Filing Fee & **□** \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy

> Mailing Address Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section **Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - N			
ne name or me	Limited Liability Comp	pany is:	
	ANOTOLIATION OF	ED/40E0 0	
	ONSTRUCTION SE		
•	Must and with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")	
RTICLE II - A	Address:		
he mailing add	ress and street address o	of the principal office of the Limited Liabil	lity Company is:
rincipal Office	Address;	Mailing Address:	
EDGEWATER DR	VE	"SAME"	
ENSACOLA FLORI	DA		· · · · · · · · · · · · · · · · · · ·
2507			
The Limited Liability	Registered Agent, Reg Company cannot serve as its of an active Florida registration.)	gistered Office, & Registered Agent's Si own Registered Agent. You must designate an individual	or another .
he name and th	e Florida street address	of the registered agent are:	TALLAHASS
			生的 产 二二
	MATTHEW T. LEM	ION	· · · · · · · · · · · · · · · · ·
	MATTHEW T. LEM	Name	ASSET TO THE
	8 EDGEWATER D	Name	FIG 7
	8 EDGEWATER D	Name	FIG 7
·	8 EDGEWATER D	Name DRIVE	FIG 7
	8 EDGEWATER D	Name PRIVE street address (P.O. Box <u>NOT</u> acceptable)	12 MII: 24 ASSEE, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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2018 JUL 12 AM 11: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

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.)

MATTHEW T. LEMON

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

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

Typed or printed name of signee

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)