

7/14/2010

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : HUBCO
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

wingdown94@yahoo.com

FLORIDA LIMITED LIABILITY CO.
Strozza Construction LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUL 15 2010

EXAMINER

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is: **Strozza Construction LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

157 SE Candler Ct.

157 SE Candler Ct.

Lake City, FL 32024

Lake City, FL 32024

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

TW Parkinson

Name

157 SE Candler Ct.

(P.O. Box or Mail Drop Box NOT Acceptable)

Lake City, FL 32024

(City / State / 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 - TW Parkinson

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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:

MGRM

TW Parkinson, 157 SE Candler Ct., Lake City, FL 32024

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

TW Parkinson

Typed or printed name of signee

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