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B. KOHR

SEP 1 4 2010

EXAMINER

COVER LETTER

TO: Registration Division of 0	n Section Corporations		v. V
SUBJECT:		L CONSTRUCTION ted Liability Company	10 SCB In by M.
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	72
Please return all corre	spondence concerning this ma	ter to the following:	Fi.
	HARLES ROB	Name of Person	· · · · · · · · · · · · · · · · · · ·
	OBIN MANI	IEL CONSTRUCTO Firm/Company	0 N
3	OY MAYO S	Address	
	ALLAHASSEE,	ry/State and Zip Code 2 Equail - Com for future auxilal report notification)	
	E-mail address: (to be used	for future audial report notification)	
For further information	n concerning this matter, pleas	e call:	
LOBW	MANUEL e of Person	at (850) 567-4 Area Code & Daytime Telephone	Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy is enclosed)	0.00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
	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	



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

			CONSTRUCTION LLC
	(Must end with the	he words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
The mail	LE II - Address: ling address and stre	et address of the pr	incipal office of the Limited Liability Company is: Mailing Address:
2 N	MAYO ST	<u> </u>	SAME

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

CHAPLES ROBIN MANUEL

HAYO ST. Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32304
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 (REOUIRED)

(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: Title: "MGR" = Manager "MGRM" = Managing Member MGRM APPLES ROBIN MANUEL 304 MAYO ST. TALLAHASS CE, FL. 32.304 (Use attachment if necessary)

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

ARTICLE V: Effective date, if other than the date of filing: __

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

HAPLES ROBIN MANUEL
Typed or printed name of signee

. (OPTIONAL)

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)