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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

W11-7001

J. BRYAN

FEB 14 2011

EXAMINER

COVER LETTER

| SUBJECT: TT&T Construction LLC. Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. | | | | |
|---|---|---|-------------|--|
| | Name of Limite | d Liability Company | | |
| Division of Corporations SUBJECT: T&T Construction LLC. 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: Thomas J. Mckinnie Name of Person N/A Firm/Company 539 Bob Sikes Blvd Suite #3 Address Fort Walton Beach Florida 32547 City/State and Zip Code tj96cobra@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Thomas J. Mckinnie Name of Person Area Code & Deytime Telephone Number Enclosed is a check for the following amount: 125.00 Filling Fee \$130.00 Filling Fee & Certificate of Status Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Street/Courter Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | | | | |
| Please return all cor | respondence concerning this matt | er to the following: | 19E | |
| Thoma | s J. Mckinnie | 空气 | | |
| | | Name of Person | | |
| N/A | | | 25 3 | |
| | | Firm/Company C | 35 | |
| 539 Bo | b Sikes Blvd Suite# | 3 | D. | |
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| Fort Wal | | | | |
| ti96cobra | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| 40000010 | E-mail address: (to be used f | or future annual report notification) | — | |
| For further informat | ion concerning this matter, please | e call: | | |
| Thomas J. Mckinnie 37, 850 978-1580 | | | | |
| N | ame of Person | | | |
| Enclosed is a chec | k for the following amount: | | | |
| \$125.00 Filing Fee | | Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy | | |
| | Registration Section Division of Corporations P.O. Box 6327 | Registration Section Division of Corporations Clifton Building | | |



February 4, 2011

THOMAS J. MCKINNIE 539 BOB SIKES BLVD SUITE #3 FORT WALTON BEACH, FL 32547

SUBJECT: TT&T CONSTRUCTION LLC

Ref. Number: W11000007001



We have received your document for TT&T CONSTRUCTION LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is #564022, T T T CONSTRUCTION CORPORATION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 011A00003050

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | • |
|---|----------------------------------|--|
| The name of the Limited Liability Company is: | | THE TELL TO |
| TT&T Quality Construction LLC. | | 芸二人 |
| (Must end with the words "Limited Liabili | ty Company, "L.L.C.," or "LLC | 17 The 3 C |
| ARTICLE II - Address: The mailing address and street address of the pri | noinal office of the Lim | ited Liability Companyis: |
| The maning address and street address of the pre | norpar office of the Lim | ned Liability Companyas. |
| Principal Office Address: | Mailing Address: | r |
| 539 Bob Sikes Blvd Suite #3 | P.O. Box 4591 | |
| Fort Walton Beach Fl, 32547 | Fort Waiton Seach Fi, 32549 | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the registered | red Agent. You must designate | Agent's Signature: an individual or another Effective Date 02/04/// |
| Thomas J. Mckinnie | | |
| Name | | |
| 539 Bob Sikes Blvd Suite | #3 | |
| Florida street adda | ess (P.O. Box <u>NOT</u> accepta | ble) |
| Fort Walton Beach | FL 32547 | |
| City, Stat | e, 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 (REQUIRED)

(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: | Name and Address: | |
|---------------------------------------|---|----------|
| "MGR" = Manager | | 12 - |
| "MGRM" = Managing Member | | . A. |
| MGR | Takicia R. Mckinnie | |
| | 539 Bob Sikes Suite #12 | 2 |
| | Fort Walton Beach FI, 32547 | 公里 |
| MGR | Tatrika L. Mckinnie | 57 |
| | 539 Bob Sikes Blvd Suite #2 | 2 |
| | Fort Walton Beach Fl. 32547 | D |
| MGRM | Thomas L. Mckinnie | |
| | 241 Cypress Street | |
| | Fort Walton Beach FI, 32548 | |
| MGRM | Betty R. Mckinnie | |
| | 241 Cypress Street | |
| | Fort Walton Beach FI, 32548 | |
| (Use attachment if necessary) | | |
| • | 00/04/0044 | |
| TICLE V: Effective date, if other the | | • |
| | oust be specific and cannot be more than five business da | ys prior |
| r 90 days after the date of filing.) | | |
| | | |
| 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Thomas J. Mckinnie

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)