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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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A. LUNT
JUL 22 2011

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07/20/11--01019--002 **160.00

EXAMINER

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Celtic Construction & Renovation, 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: Sean S. Griffith Celtic Construction & Renovation Firm/Company P.O. Box 182 Address Webster, FL 33597 City/State and Zip Code 455@ 9ma E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sean Griffith at (352) 504-8052

Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount:

Mailing Address

\$125.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

\$130.00 Filing Fee &

Certificate of Status

Street/Courier Address

\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

\$160.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Com	apany is:	
Celtic Construction & Re	novation, LLC	
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited l	Liabili ze C om ea ny is:
Principal Office Address:	Mailing Address:	CORETY CORE
272 CR 778	P.O. Box 182	ETARY OF SHEEF FLOOR
Webster, FL 33597	Webster, FL 33597	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an ind	t's Signature
The name and the Florida street address	s of the registered agent are:	
Mike Adams		
	Name	
123 N Joann	na Ave	

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..

City, State, and Zip

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

32778

Registered Agent's Signature (REQUIRED)

Tavares

(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:

(Use attachment if necessary)	Mgr		Sean S Griffith P.O. Box 182 Webster, FL 33597	2811 JUL 28 SECTE TAR TALLAHASS
(Use attachment if necessary)			·	Y OF STU
(Use attachment if necessary)				
	(Use attachment if r	necessary)		

Signature of a member of application and another in a 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.)

Sean S. Griffith

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)