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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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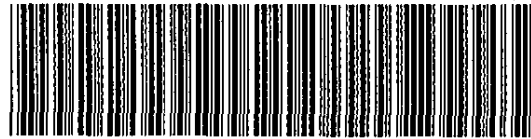
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/10/11--01014--011 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 AUG 12 AM 10:58

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J. SAULSBERRY
EXAMINER

AUG 12 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA CONTRACTOR'S NOTICE SERVICES 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:

ROSEANN WILSON, MGRM

Name of Person

FLORIDA CONTRACTOR'S NOTICE SERVICES LLC

Firm/Company

18330 127th DR. N.

Address

JUPITER/FLORIDA 33478

City/State and Zip Code

jupiterrose615@gmail.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

ROSEANN WILSON, MGRM

Name of Person

at (561) 748-0662

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Ch # 133\$
Sent Express Mail # EH 50408461745

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA CONTRACTOR'S NOTICE SERVICES LLC

(The following is the Limited Liability Company's name for filing.)

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:

18330 127th DR. N., JUPITER, FL 33478

Same

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

(The Limited Liability Company cannot select its own Registered Agent. You must designate an individual agent, but not a company, to act as the Registered Agent.)

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

ROSEANN WILSON

Name

18330 127th DR. N.

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

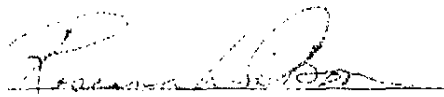
JUPITER

FL 33478

City, State, and Zip

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TALLAHASSEE, 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 605, F.S.



Registered Agent's Signature (R1 (R1) (R1))

(CONTINUED)

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

ROSEANN WILSON

18330 127th DR. N.

JUPITER, FL 33478 Tenants by the entirety

MGRM

CHARLES B. WILSON III

18330 127th DR. N.

JUPITER, FL 33478 Tenants by the entirety

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/8/2011 (OPTIONAL)

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

ROSEANN WILSON, MGRM

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)