L11000104752

·	(Requestor's Name)
	(Address)
	(Address)
`-	
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
L PICK-U	P WAIT WAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

SEP 13 2011

EXAMINER

Office Use Only



600211806866

09/12/11--01024--025 **160.00

August 19, 2011

To: Richard English 352 795 3589

From: Tanner Orr 352 588 4443

Pages: Sixteen

Richard,

Can you review this paperwork before I register this LLC and make sure everything looks fine to you? The type of work we will be performing will mainly be site work construction such as: underground utilities, pipe work, land clearing, storm cleanup, government work, and etc. Please contact me if you have any additional questions, my contact number is below.

Thank you

Tanner Orr

Mobile:813-714-0888

COVER LETTER

TO:	Registration Division of	n Section Corporations		
SUBJI	ect.	Orr Indu	stries, LLC.	
3000	<u></u>		d Liability Company	
The en	closed Article	s of Organization and fee(s) are s	ubmitted for filing.	
Please	return all corr	espondence concerning this matte	er to the following:	
		Me	gan Hobbs	
			Name of Person	
		Orr In	dustries, LLC.	ANII SEP 12
			Firm/Company	五四 七
		3620	8 2nd Avenue	<u> </u>
			Address	
		San Anton	io El 22576 7059	R. 31 0.
			io, FL. 33576-7058 //State and Zip Code	7 11 T
		•	904@aim.com	
			or future annual report notification	
For fu	ther informati	on concerning this matter, please	call:	
	Megar	n Hobbs	at (813) 714-3	293
	Na	me of Person	Area Code & Daytime To	elephone Number
Enclos	sed is a check	for the following amount:		
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status &
e r.			(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addresses Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

, LLC.
ity Company, "L.L.C.," or "LLC.")
rincipal office of the Limited Liability Company is:
Mailing Address:
36208 2nd Avenue San Antonio, FL. 33576-7058
egistered agent are:
The Republic
42.7
dress (P.O. Box NOT acceptable)
FL 33576-7058
ate, and Zip

Registered Agent's Signature (REQUIRED)

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..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager	r Managing Member(s): Manager or Managing Member is as follows: Name and Address:
"MGRM" = Managing Membe	r Rich
MGRM	Renee Marie Orr
	5275 South Stetson Point Dr.
	Homosassa, Fl 34448
MGRM	Tanner D. Οπ
	36208 2nd Avenue
	San Antonio, FL. 33576-7058
MGRM	Scott Dean Orr II
	36208 2nd Avenue
	San Antonio, FL. 33576-7058
(Use attachment if necessary)	
LE V: Effective date, if other the	nan the date of filing: (OPTIONAl nust be specific and cannot be more than five business days
LE V: Effective date, if other the ffective date is listed, the date is	nan the date of filing: (OPTIONAl nust be specific and cannot be more than five business days
CLE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.)	nan the date of filing: (OPTIONAL nust be specific and cannot be more than five business days
CLE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.)	nan the date of filing: (OPTIONAL nust be specific and cannot be more than five business days
CLE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more than five business days
CLE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with see constitutes an affirmatic 1 am aware that any false constitutes a third degree.	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. See information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.) Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)