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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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| | | |

Office Use Only



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SECRETARY OF STATE
AND SSEEL FOR COMMENTAL COMMENTS.

J. BRYAN

SEP 3 0 2011

EXAMINER

COVER LETTER

| TO: Registrat Division | tion Section of Corporations | | |
|---------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| SUBJECT: _E | PS CONSTR | UCTION LLC | |
| | Name of Limite | ed Liability Company | |
| The enclosed Artic | eles of Organization and fee(s) are s | submitted for filing. | |
| Please return all co | orrespondence concerning this matt | er to the following: | |
| EDN | UARDPSASOWSK | | |
| | | Name of Person | |
| EPS | CONSTRUCTION | | To Es |
| | | Firm/Company | 28 K |
| 5383 | SAN JUAN DR | | YOU STAN |
| | | Address | 155 |
| SADA | SOTA FL - | 34235 | |
| <u> </u> | | /State and Zip Code | |
| PHIL | STEPH 90@G | MAIL. COM or future annual report notification) | |
| | E-mail address: (to be used for | or future annual report notification) | _ |
| For further informa | ation concerning this matter, please | call: | |
| EDWARD | SASOWSIL | at (<u>941</u>) <u>Z6C</u> Area Code & Daytime Tele | -4978 phone Number |
| | | · | |
| Enclosed is a che | ck 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) |
| | 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 C Tallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| EPS CONSTIDUCTION (Must end with the words "Limited Liability | LLC ty Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | 2 |
| | incipal office of the Limited Liability Company is: |
| The maning address and shoet address of the pri | respect office of the Difficed Shaping Company, is |
| Principal Office Address: | Mailing Address: |
| 5383 SAN SUAN DR | 5383 SAN JUAN DR |
| SARASOTA FL | SARASOTA FL |
| 34235 | 34725 |
| | <u> </u> |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | |
| The name and the Florida street address of the re | egistered agent are: |
| EOWARIO P SIASO Name | WSKI |
| | TORN DR. ress (P.O. Box NOT acceptable) |
| SARASOTA City, State | FL 34235 te, and Zip |
| 77 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |

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..

Auard Passousti Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| <u>Title:</u> "MGR" = Manager | or Managing Member(s): n Manager or Managing Member is as follows: Name and Address: EDWARD SASOWSKI 5383 SAN DVAN OR |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| "MGRM" = Managing Memb | oer Signal Control of the Control of |
| MGR | EDWARD I SASOWSKI DO |
| • | |
| | SAPASOTA FL 34235 |
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| (Use attachment if necessary) | |
| • • | |
| LE V: Effective date, if other t | than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days pr |
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| LE V: Effective date, if other is fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of a constitutes an affirmat I am aware that any fallows. | than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days properties a member or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Ise information submitted in a document to the Department of State |
| LE V: Effective date, if other to fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Clubar Signature of a constitutes an affirmat I am aware that any fal constitutes a third degree. | than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days proceed a member or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. |

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