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ANALYSISE ELOPHON

COVER LETTER

TO: Registration Se Division of Cor			·
SUBJECT: H6	Name of Limit	raction Services ed Liability Company	, LLC_
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
	Harry	W. Hall	
Hai	ry's Consteu	retion Service Firm/Company	5,120
150	9 Highway	177 Address	
		· ·	
Bo	nifay, FL	32425 v/State and Zin Code	
	,	YAhno Carry for future annual report notification)	
Harry W. Name o	oncerning this matter, please Au 11 f Person	at (& 5 0) i C Area Code & Daytime Teleph	6-2447 13:
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 Cir Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Harry's Construction Services LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:

ARTICLE I - Name:

1509 Highway 177 Banifay, FL 32425	1509 Highwa Bonifory, FL	3242	25
ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)			
•		•	ور النظ
The name and the Florida street address of the	ne registered agent are:	:	
Dadana G	11111	<i>:</i>	≥部

Darlene G. Williams

Name

SEE STANDARY

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

Bon Fay FL 32425

City, State, 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)

Title: "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Harry W. Hall 1509 Hay 177 Bonifay, FL 32425
(Use attachment if necessary) CLE V: Effective date, if other the effective date is listed, the date is listed.	han the date of filing: (OPTIONAl nust be specific and cannot be more than five business days
•	han the date of filing:
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with see	SECRETARY OF TAREATIASSEE

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)