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Office Use Only



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2012 FEB 15 AM II: 32
SECRETARY OF STATE

J. BRYAN

FEB 1 6 2012

**EXAMINER** 

## **COVER LETTER**

10: Registration Section Division of Corporations
SUBJECT: Absolute General Contractors 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:
Carmen B. Hurlbut
Mame of Person  Absolute General Contractors Lices = T  Firm/Company
3605 E Forge Rd 第25 下
Davie Ft 33328
City/State and Zip Code  CIFF HULL but a bull SU UM. NET  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carmen B. Huelbut at (954), 806 3776  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:
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:
3605 F. Forge Rd 3605 E Forge Rd Davic 12 33328 Davic 12 33328
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Carney B. Hurbut
3605 E Forge Rol Florida street address (P.O. Box NOT acceptable)
Profita street address (F.O. Box NOT acceptable)

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Managing Member(s): anager or Managing Member is as follows:  Name and Address:
MGRM - Managing Member	CARMIN B. Huelbut 3605 & Forge Rd
N/A	N/A
NA	N/A
N/A	N/A
(Use attachment if necessary)	1 1
LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.)	the date of filing: (OPTIONAL st be specific and cannot be more than five business days

(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

Signature of a member or an authorized representative of a member.

constitutes a third degree felony as provided for in s.817.155, F.S.)

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)