L12000033161

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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FILED

12 MAR - 7 AM IO: 43

SECRETARY OF STATE
AND SECRETARY OF STATE
OF THE ORIGINAL CONTROL OF S

C. LEWIS

MAR - 8 2012

EXAMINER

COVER LETTER

TO: Registration of	n Section ` Corporations		
3	F		•
SUBJECT: 7	NT Consti	oction LLC	
		ted Liability Company	
The enclosed Article	s of Organization and fee(s) are	submitted for filing	
	espondence concerning this ma	_	
Please return an con	espondence concerning ans ma	iter to the following.	
7	yler M. N	evius	
	7	Name of Person	
·		Firm/Company	
	- A .		
	8602 Ayrsh	oire Cir	
		Address	
	Port Charlo	+te FL 33	3948
		•	
	E-mail address: (to be used	for future annual report notification)	com
For further informati	on concerning this matter, pleas	-	
TO TUEBO INTO MA	on concerning and matter, preas	o cair.	
Tyler	M. Nevius	_ at (<u>508</u>) <u>776</u> Area Code & Daytime Tele	-522/
Na	me of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee &	\$155.00 Filing Fee &	S160 00 Filing Fee
5125.00 1 mig 1 cc	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address Registration Section	Street/Courier Address Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
TNT Construction (Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
18602 Ayrshire Cir Port Charlotte, FL 33948	18602 Ayrshire Cir Port Charlotte, FL 33940
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Tyler M. Name	rations of the second agent are: Ne vius FILED FILED
18602 Ayrsh Florida street addr	ess (P.O. Box NOT acceptable) FL 33948
Port Charlotte City, Stat	FL 33948 e, 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 Member Tyler M. Nevius Island Address: Tyler M. Nevius Island Address: SECRETARY OF ST. TALLAHASSEE, FLO Tyler M. Nevius Island Address: (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) Iffective date is listed, the date must be specific and cannot be more than five business days prior	ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:		FILED	
Title: "MGR" = Manager "MGRM" = Managing Member MGR Tyler M. Neyius Island Ayrshire Cir Port Charlotte, FL 33948 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) Iffective date is listed, the date must be specific and cannot be more than five business days prior days after the date of filing.) REQUIRED SIGNATURE: (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.171.155, F.8.)	The name and address of each ivi	ianager of managing memoer is as follows.	12 MAR -7	:01 MA
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	"MGR" = Manager	Name and Address:	SECRETARY	OF STA
(Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) (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.)	MGR	Tyler M. Nevius 18602 Ayrshire Cir Port Charlotte, Fo	33948	
(Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) (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.)				
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:				
CLE V: Effective date, if other than 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.)				
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Typed or printed name of signee	CLE V: Effective date, if other that effective date is listed, the date multiple of days after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five	business days ¡) prior
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\$125.00 Filing Fee for Articles of Organization and Designation

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