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D. BRUCE

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**EXAMINER** 

## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	rporations			
SUBJECT. Ricky	Burnette Sub Co	ntractor, L.L.C.		
SUBJECT:		ed Liability Company	<del></del>	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.		
Please return all corresp	ondence concerning this matt	er to the following:		
	Rick	ky Burnette		_
		Name of Person		
	Ricky Burnett	e Sub Contractor, L.L	.C.	_
		Firm/Company		
	4669	Coastal Hwy		
		Address		-
		ordville, Fl 32327		-
	Cit	y/State and Zip Code	12 FALL	ı
	E-mail address: (to be used to	or future annual report notification)		
For further information	concerning this matter, please	e call:	ASSE	GE THE STATE OF TH
Ricky Burnette		at ( 850 ) 528-5080	ne Number 65 2	
Name	of Person	Area Code & Daytime Telepho	ne Number	f.m.
Enclosed is a check for	or the following amount:		577 -	
\$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	1)
·	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 Circ	le	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Ricky Burnette Sub Contractor,	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4669 Coastal Hwy Crawfordville, Fl 32327	4669 Coastal Hwy Crawfordville, FI 32327
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 registration.  The name and the Florida street address of the registration.  Name  4669 Coastal  Florida street address  City, State	gistered agent are:  Alway  ess (P.O. Box NOT acceptable)  FL 32327

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 (REOURED)

(CONTINUED)

Page 1 of 2

**ARTICLE IV- Manager(s) or Managing Member(s):**The name and address of each Manager or Managing Member is as follows:

W 40D# 3.4	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Ricky Burnette
	4669 Coastal Hwy
	Crawfordville, FI 32327
	11 To 1 T
(Use attachment if necessary)	
(Use attachment if necessary)  CLE V: Effective date, if other than teffective date is listed, the date must	the date of filing:
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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)