## 112000043126

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(Business Entity Name)
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SECNETARY OF STATE ALLAHASSEE, FLORIDA

N. Gulligen MAR 2 9 2012

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Criddle Construction, U.C.  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:
Shavori Criddle Name of Person
Criddle Cuilstruction L.L.C. Firm/Company
1922 Oak Ave
Address
City/State and Zip Code  Shaanrie Cridale (caol. com.  E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mayon Cyiddle at (850) 855 1917  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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



February 28, 2012

SHARON CRIDDLE 1922 OAK AVENUE NICEVILLE, FL 32578-7

SUBJECT: CRIDDLE CONSTRUCTION, L.L.C.

Ref. Number: W12000011452

We have received your document for CRIDDLE CONSTRUCTION, L.L.C. and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

Letter Number: 512A00008059

3-22-12

Florida Department of State

attn: Neysa Culligan

My husband Dennis Criddle, and my Self Sharon Criddle are the my Self Sharon Criddle Construction; prior owners of Criddle Construction; we have no intention of reinstating and would like to release the

name. We would like to use Cuddle Construction, LLC

Please contact me should you have any questions
Shaw Cuddle
850 855 1917

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:
Criddle Con	Struction, L.C., or "LLC.")
(Must end with the word	ds "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	dress of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

**ARTICLE I - Name:** 

Mileville FL
32578

Aliceville FL
32578

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:

| Staron A (r, ddle | Name | 1922 Oak Ave | Florida street address (P.O. Box NOT acceptable) | Niceville FL 32578 | 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

tatutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REOLURED)

(CONTINUED)

Dennis P. Cr. ddle 1922 Oak Ave Niceville FL 32578
<del></del>
ate of filing:
08(3), Florida Statutes, the execution of this document ne penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State is provided for in s.817.155, F.S.)
5 C

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