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C. LEWIS

MAY - 4 2012

EXAMINER

### **COVER LETTER**

TO: Registration Division of C				
<sub>subject:</sub> David	l Still, P.E. & Asso	ociates, L.L.C.		
Name of Limited Liability Company				
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.		
Please return all corres	pondence concerning this matt	er to the following:		
David St	iII			
- 18		Name of Person		
David St	ill, P.E. & Associa	tes, L.L.C.		
		Firm/Company		
10966 South U.S. Highway 441				
. Address				
Lake City, Florida 32025				
City/State and Zip Code				
still_d@hot	mail.com			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
David Still		at ( 386 ) 2886390		
Name	of Person	Area Code & Daytime Telephone Number	er	
Enclosed is a check f	or the following amount:			
\$125.00 Filing Fee [	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificate (additional copy is enclosed) Certified	Filing Fee, e of Status & Copy 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 Circle Tallahassee, FL 32301		

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liabil	ity Company is:	
The hame of the Elimica Elabit	ny Company is.	
David Still, P.E. & A	ssociates, L.L.C.	
(Must end with the v	words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal office of the Limited	l Liability Company i
Principal Office Address:	Mailing Address:	
10966 South U.S. Highway 441 Lake City, Florida, 32025	10966 South U.S. Highwa Lake City, Florida, 32025	ay 441
	gent, Registered Office, & Registered Agelerve as its own Registered Agent. You must designate an ingistration.)	ndividual or another
The name and the Florida street	address of the registered agent are:	IZ HAY SECRET
David Stil	I	Y-2
	Name	201 C
10966 \$	South U.S. Highway 441	AMII: 21 OF STAT
<del></del>	Florida street address (P.O. Box NOT acceptable)	
Lake City	<sub>FI</sub> 32025	<u>5</u> -

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)

## FILED ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: 12 MAY -2 AMII: 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR David Still 10966 South U.S. Highway 441 Lake City, Florida 2025 (Use attachment if necessary) \_\_, (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after 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.)

David Still

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)