L12000074667

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200235796162

06/04/12--01028--011 **125.00

12 JUN -4 PM 1: 10
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

C. LEWIS

JUN -5 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpora			name consumption	٠.	end Page
SUBJECT: Craig		Ruction, LLC	, reside	, 1. °	an' -
Sobole I.	Name of Limite	d Liability Company			-
The enclosed Articles of Orga	nization and fee(s) are s	ubmitted for filing.	•	·	
Please return all corresponden	ce concerning this matte	er to the following:			
<u>Craig</u> M	1 Philhow	Name of Person			
Craiger ('owstructi				
5781 C	plowial D	C. Address		***************************************	··
New Port	Richey, F	La. 3465 /State and Zip Code	3		
cmobilha	her 6 val	noo. Com or future annual report notific			
For further information conce	ming this matter, please	call:			
Barbara Name of Pers	Moccio	at (<u>7</u> 27) 85 Area Code & Dayti	S6-110 me Telephone) 6 Number	-
Enclosed is a check for the	following amount:				
\$125.00 Filing Fee \$13		\$155.00 Filing Fee & Certified Copy (additional copy is enclo	Cer (sed) Cer	60.00 Filing rtificate of Startified Copy ditional copy is o	atus &
Re _l Div P.C	gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	Street/Courier A Registration Secti Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	on orations Center Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability C	ompany is:
Craiger Constru	Ction, LLC. "Limited Liability Company, "L.L.C.," or "LLC.")
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	0

ARTICLE I - Name:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company_cannol.serve as its own Registered Agent. You must designate an individual or another

The name and the Florida street address of the registered agent are:

Craig M Philhower

Name

10540 Pawa St.

Florida street address (P.O. Box NOT acceptable)

NewPort Richey FL 34654

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)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Mem	or Managing Member(s): ch Manager or Managing Member is as follows: Name and Address:
MGR	Craig M Philhower 10540 Pawa St New Port Richey, Fz. 34654
·	· · · · · · · · · · · · · · · · · · ·
LE V: Effective date, if other fective date is listed, the dat	r than the date of filing: (OPTION of the must be specific and cannot be more than five business dates the control of
	r than the date of filing: (OPTION of the must be specific and cannot be more than five business date)
LE V: Effective date, if other fective date is listed, the date days after the date of filing. REQUIRED SIGNATURE	r than the date of filing: (OPTION of the must be specific and cannot be more than five business date)
LE V: Effective date, if other fective date is listed, the dat days after the date of filing. REQUIRED SIGNATURE Signature of the date of filing accordance with seconstitutes an affirm I am aware that any its secons.	r than the date of filing: (OPTION e must be specific and cannot be more than five business date)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)