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(Req	uestor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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# **COVER LETTER**

то:	Registration of	on Section Corporations		
SUBJ	<sub>ECT:</sub> Ana	lu's Construction L	LC	
0020			ed Liability Company	٠.
			•	<b>∱</b>
The en	closed Article	es of Organization and fee(s) are	submitted for filing.	7
Please	return all corr	respondence concerning this mat	ter to the following:	
	A	. O. D		
	Andrew	/ S. Byers	Name of Person	
			Traine (1) 1 6350	
	Analu's	Construction LLC		_
			Firm/Company	
	PO Box	<b>&lt;</b> 1441		
			Address	_
	D 4	TI:-I- 00500		
	Paxton, I	Florida 32538	y/State and Zip Code	_
	hsnicer@	panhandle.rr.com	ground and 25th Code	
•	bobloci@		for future annual report notification)	
For fur	ther informati	ion concerning this matter, please	e call:	
Andr	ew S. Bye	ers	at (850 ) 834-5680	
	Na	me of Person	Area Code & Daytime Telephone Number	
Enclos	sed is a check	k for the following amount:		
\$125.00	) Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional 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

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

## Analu's Construction LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Comp

#### **Principal Office Address:**

**Mailing Address:** 

Analu's Construction LLC

934 Adams Street

Paxton, Florida 32538

Analu's Construction LLC

PO Box 1441

Paxton, Florida 32538

#### 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:

Andrew S. Byers

# 934 Adams Street

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

Paxton

FL 32538 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 accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRE)

(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:

MGR	Andrew S. Rvers
	Andrew S. Byers PO Box 1441
	Paxton, Florida 32538
Use attachment if necessary)	
	ne date of filing: (OPTIO
fective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five business

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.)

### ANDREW S. BYERS

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)