# 42000/09393

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
AUG <b>24</b> 2011
EXAVITY Office Use Only



200238121992

08/24/12--01035--013 \*\*130.00

12 AUG 23 PM 2: 08 SECRETARY OF STATE TALLMARSEEF, FLOODA

FILED

WE AUG 24 PH 2: 43

# **COVER LETTER**

TO:

Registration Section Division of Corporations

ing LLC.
( ****
<b>1 1 1 1 1 1 1 1 1 1</b>
AUG TI
SS. P
F 2 0
<u> </u>
, Br. ,
24415
P442 hone Number
\$160.00 Filing Fee,
Certificate of Status & Certified Copy
(additional copy is enclosed)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Daly Construction An Remodeling 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 Company is:

Principal Office Address:	Mailing Address:	
521 Rock Dr. Taliahassee FL 32310	Same	AUG 24
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate as	gent's Signature:
The name and the Florida street address of the re		
Cangon Day	73	٠
521 Rock D Florida street add	ress (P.O. Box <u>NOT</u> acceptable	e)

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..

Tallahassee FL 32310
City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Cangon Daly 521 BOCK Dr. Tallahassee FL 32310
	AHAZ
	SEE THE IN THE I
(Use attachment if necessary)	
fective date is listed, the date must	he date of filing: (OPTION be specific and cannot be more than five business date
fective date is listed, the date must days after the date of filing.)	
fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business da
fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section of constitutes an affirmation un I am aware that any false infoconstitutes a third degree felor	aber or an authorized representative of a member, 608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section of constitutes an affirmation un I am aware that any false infoconstitutes a third degree felor	be specific and cannot be more than five business date of an authorized representative of a member, 608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State