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Effective Date 9/11/12

SEP 1 8 2012 T. HAMPTON

COVER LETTER

Division of Corporations	
SUBJECT: LVC Engineeri	ng Services, LLC
	lame of Limited Liability Company
The enclosed Articles of Organization a	and fee(s) are submitted for filing.
Please return all correspondence concer	ning this matter to the following:
Loretta V. Cecilia	
	Name of Person
	Firm/Company
1542 Pinwheel Driv	
1042 Pillwheel Dir	Address
	100
Crystal River, FL 344	City/State and Zip Code
lvcengineeringservices	•
	ss: (to be used for future annual report notification)
For further information concerning this	matter, please call:
Loretta Cecilia	at (352) 212-1556
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the followin	g amount:
\$125.00 Filing Fee \$130.00 Fili Certificate	
Mailing Add Registration S Division of O P.O. Box 63 Tallahassee,	Section Registration Section Corporations Division of Corporations Clifton Building

Effective Date 9/11/12

Y

ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPAN	
ARTICLE I - Name: The name of the Limited Liability Compa	any is:	
LVC Engineering Services, LLC		
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of Principal Office Address:	the principal office of the Limited Liability Company Mailing Address:	
1542 Pinwheel Drive Crystal River, FL 34429	P.O. Box 593 Crystal River, FL 34423-0593	
	stered Office, & Registered Agent's Signature:	

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

business entity with an active Florida registration.)

Loretta V. Cecilia	
	Name
1542 Pinwhee	el Drive
Florida str	eet address (P.O. Box NOT acceptable)
Crystal River	_{FL} 34429
C	ity, 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 (REQUIRED)

(CONTINUED)

Page 1 of 2

is:

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Loretta V. Cecilia 1542 Pinwheel Drive Crystal River, FL 34429
(Use attachment if necessary)	
	than the date of filing: $\frac{9-11-2012}{}$. (OPTION must be specific and cannot be more than five business dates

Faretto V levilier
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.)

LORETTA V. CECILIA
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)