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Office Use Only

B. KOHR
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EXAMINER



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EFFECTIVE DATE 10 20 2012



#### **COVER LETTER**

EFFECTIVE DATE 10/20/20/2

TO: Registration Section Division of Corporations
SUBJECT: Big Chief Excavating U.C.  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:
Reed Honsen Name of Person
Firm/Company
19022 Orange Avenue
Groveland, FL 34736 City/State and Zip Code Biachiefexcavating@Gmail.Com
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Recd Hansen at 352 425-2892  Name of Person at Code & Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\$  Certificate of Status \$\text{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:		
Big Chief Excavating (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
19022 Orange Avenue, Groveland FL, 34736	19022 Orange Avenue, Groveland FC, 34736	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ed Agent. You must designate an individual or another	
Peed Income	gistered agent are.	
Name		
19022 Orange A	ess (P.O. Box <u>NOT</u> acceptable)	
FL City, State, and Zip		
City, State, and Zip		
liability company at the place designated in thi registered agent and agree to act in this capacity. statutes relating to the proper and complete perf	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S	

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Reed Hansen: 19022 Orange Avenue, Groveland FL, 34736	
<u> </u>	N/A	
N/A	N/A	
<u> </u>	N/A	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the control of the contr	he date of filing: 10 20 2012 (OPTIONAL)  be specific and cannot be more than five business days prior	
REQUIRED SIGNATURE:		
(In accordance with section 6 constitutes an affirmation un I am aware that any false info constitutes a third degree felo	ber or an authorized representative of a member.  108.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. The permation submitted in a document to the Department of State are provided for in s.817.155, F.S.)  10 HOSEN  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)

## **Contact Information**

Name: Reed Hansen

**Daytime Phone:** 352- 425 - 2892

Address: 19022 Orange Avenue, Groveland, FL 34736