L12000/38286

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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DEPARTMENT OF STATE

12 OCT 31 AM 9: 4

D. BRUCE

OCT 31 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	_ & S Cons	truction LLC.	
	Name of Limite	ed Liability Company	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Jaco	b Edenfiel	Name of Person	
		Name of Person	
L	& S_const	ruction LLC. Firm/Company	
		Firm/Company	-
220	8 Beech Dr.	Address	
		Address	
Tall	chassee Fl.	32303 //State and Zip Code	
	City	/State and Zip Code	
Caro	E-mail address: (to be used for	ghail or future annual report notification)	
	concerning this matter, please		
	<i>c</i> .		
Jacob Ede	ntield	at (SSO) 5 10 - 04 Area Code & Daytime Tele	hone Number
Enclosed is a check for	r the following amount:		
125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address Registration Section	Street/Courier Address Registration Section	æs →

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

12 00T 31 AM 9:45

i V

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•
The name of the Limited Liability Company is:	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2208 Beech Dr.	2208 Beech Dr.
Tallahassee F1. 32303	Tallahassee Fl. 32303
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Jacob Edenti	All Signature of the second se
2208 Beech Dr Florida street add	· · · · · · · · · · · · · · · · · · ·
<u>Tallahassee</u> City, Sta	ress (P.O. Box NOT acceptable) FL 32303 ate, and Zip
Having been named as registered agent and to a	accept service of process for the above stated limited

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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mo	Name and Address: ember
MGR	Jacob Edentield
	2208 Beech Dr 32303 Tall. Fl.
<u></u>	<u> </u>
(Use attachment if necess	sary)
	ther than the date of filing: (OPTIONA
ffective date is listed, the o	date must be specific and cannot be more than five business day
ffective date is listed, the o	date must be specific and cannot be more than five business daying.) [RE:
ffective date is listed, the condition of the date of filing the date	date must be specific and cannot be more than five business day ing.) RE:
ffective date is listed, the of days after the date of filing the date of filing the date of filing the date of filing the days after the date of filing the days after the date of filing the days after	date must be specific and cannot be more than five business daying.) RE:

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

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)