# L12000141904

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Continued Facility Name)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of S	tatus		
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Special Instructions to Filing Officer:			

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August 31, 2012

EDWIN ELLIS GRIFFIS 4472 NW 34 PLACE OCALA, FL 34482

SUBJECT: CENTRAL STATE CONSTRUCTION "LLC"

Ref. Number: W12000045328

We have received your document for CENTRAL STATE CONSTRUCTION "LLC" and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 712A00022266

# FAX. TO: 850-245-6030

Central State Construction LLC 4472 N.W. 34 Pl Ocala. Fl. 34482

State Of Florida Division of Corp. P.O. Box 6327 Tallahassee, Fl. 32314

ATT: Neysa

As per our conversation today's date 11/8/2012, Edwin Ellis Griffis president of Central State Construction, Inc. and Central State Construction, LLC.

Thank you for your assistance, should there be any further question or problems please contact us at 352-260-5765.

Sincerely

Edwin Ellis Griffis

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corpo	rations				
SUBJECT: Central	State Construc	tion "LLC"			
SUBJECT: Central State Construction "LLC"  Name of Limited Liability Company					
The enclosed Articles of Or	ganization and fee(s) are	submitted for filing	α.		
Please return all correspond			_		
riedse return an correspond	ichee concerning uns man	er to the following	5 <b>·</b>		
Edwin Ellis	Griffis	Name of Person			
Central State Construction "LLC"					
		Firm/Company			
4472 NW 3	4 Pl.				
		Address			
Ocala, Fl. 34	<del> </del>				
controlatataca	•	y/State and Zip Code	•		
	nstruction@yahoo E-mail address: (to be used f		ort notification)		
For further information con	cerning this matter, please	call:			
Edwin Griffis		at ( 352	<sub>)</sub> 260-5765		
Name of P	erson	Area Code	& Daytime Tel	ephone Number	
Enclosed is a check for the	ne following amount:				
	130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional copy	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
; ; ;	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Addression Section of Corporation duilding secutive Center see, FL 32301	s	

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compan	y is:	
Central State 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	he principal office of the Limited Lial	bility Company is:
Principal Office Address:	Mailing Address:	
Central State Construction "LLC"	Edwin Ellis Griffis	
37 Main St	4472 NW 34 Pł.	
Williston, Fl. 32696	Ocala, Fl. 34482	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	Registered Agent. You must designate an individu	ual or another 2 NO
Edwin Ellis Griffis		
N	Name	
4472 NW 34 P	1	2: <b>4:</b> STAI FLORI
Florida stre	et address (P.O. Box NOT acceptable)	TATE ORIDA
Ocala Fl. 34482	FL	<b>3</b> -2
Cir	ty, 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)

### 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	Edwin Ellis Griffis 4472 NW 34 Pl. Ocala, Fl. 34482
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the street of the date is listed, the date must of or 90 days after the date of filing.)	the date of filing
REQUIRED SIGNATURE:	Elle Shops FIL
(In accordance with section of constitutes an affirmation upon I am aware that any false information in the constitutes are section to the constitute are secti	608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are tries. Formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)
	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)