# L12000/58/84

(Re	equestor's Name)			
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DEPARTMENT OF STATE

T. CLINE

DEC 19 2012

**EXAMINER** 

SECUETARY OF STATE

# **COVER LETTER**

	Registration So Division of Co			
SUBJEC	т:С	alvert Co	ted Liability Company	CCC
The enclo	sed Articles of	Organization and fee(s) are	submitted for filing.	
Please ret	urn all correspo	ondence concerning this mat	-	
	170 /	att laur	Firm/Company	
	139 6	off Capie	Address	
_	MON RBC	11 Cello F	ity/State and Zip Code  Lewtucy Linux . r	vet
		concerning this matter, pleas	•	
			at ( <u><b>850</b></u> ) <u>264</u> Area Code & Daytime Telep	8664 Thone Number
Enclose	d is a check fo	or the following amount:		
<b>년\$</b> 125.00	0 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	Street/Courier Address	

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



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limite	ed Liability Company is:
Calvert	Construction LLC
	d with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addre The mailing address an	ss: ad street address of the principal office of the Limited Liability Company is

Principal Office Address:	Maining Address:
139 Lott Lame	Same
MONTICULO FI 32344	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

**ARTICLE I - Name:** 

RICK Calvert

Name

139 Latt Lane

Florida street address (P.O. Box NOT acceptable)

Monticelic FL 32344

City, 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



# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member PICK Calver+ 179 Loff Gave Monticello F1 32344 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

Kick Calvert

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)

Page 2 of 2