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

MAR 2 8 2013 D. BRUCE

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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	CT: BIRKNER CONSTRUCTION LLC		
	Name of Limited Liability Company		
The encle	osed Articles of Organization and fee(s) are submitted for filing.		
Please re	cturn all correspondence concerning this matter to the following:		
	JOSEPH M. BIRKNER		
	Name of Person		
_	Firm/Company		
	510 WINDERMERE DR		
_	510 WINDERMERE DR Address		
_	LAKELAND, FL 33809		
	City/State and Zip Code JOE. DITKNER tampabay. rr. com F-mail address: (to be used for future annual report notification) The company of t		
	Fi-mail address: (to be used for future annual report notification)	2013	
For furth	ner information concerning this matter, please call:	2013 MAR 27	
	JOE BIRKHER at (863) 670-5412 OF	27	
	Name of Person Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number REAL CODE BIRKHER Area Code & Daytime Telephone Number REAL CODE BIRKHER Area Code & Daytime Telephone Number REAL CODE BIRKHER Area Code & Daytime Telephone Number REAL CODE BIRKHER REAL CODE BIRKHER Area Code & Daytime Telephone Number REAL CODE BIRKHER REAL CODE BIRKHE	A	
Enclose	ed is a check for the following amount:	AM II: 5	
\$125.00 I	Filing Fee \$\int_\\$130.00 Filing Fee & \int_\\$155.00 Filing Fee & \int_\\$\\$\int_\\$160.00 Filing Fee & \int_\\$\int_		

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

Street/Courler Address
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:							
		CONSTR							
(Must en	id with the wor	ds "Limited Liabili	ty Company	, "L.L.C.,"	or "LLC.")				
ARTICLE II - Addre The mailing address ar		dress of the pri	ncipal of	fice of th	e Limited	l Liability	/ Compa	ny is:	
Principal Office Addi	ress:		<u>Mailin</u>	g Addre	is:				
510 WINDER LAKELAND			510 LAI	WING	DO, FL	ere d . 3380	<u>R</u>		
ARTICLE III - Regis (The Limited Liability Compa business entity with an active	my cannot serve	e as its own Registe	Office, ored Agent.	& Regist You must de	ered Age esignate an i	nt's Sign ndividual or	ature: another		
The name and the Flor	rida street ad	dress of the re	gistered	agent are	: :				
	Jos	SEPH M. Name	BIRK	NER			E_{ϕ}	20:	
		Name	· · · · · · · · · · · · · · · · · · ·				ECR A	<u>~</u>	OCC
	510	WINDER	MEF	LE DR	٤.		光気	MAR	
,]	Florida street add	ress (P.O.	Box <u>NOT</u>	acceptable)		3SE Ya	27	
	LAKEL	へいの City, Sta	FL	338	09				
		City, Sta	te, and Zip		" ·		HOJA VIS	AH II:	7
Having been named a liability company a registered agent and all statutes relating a and accept the obliga	at the place of agree to act to the properations of my	designated in th t in this capaci er and complete	his certifi ity. I furt e perforn gistered c	cate, I he her agree ance of n igent as j	reby acce to compl ny duties,	pt the app y with the and I am	ointmen provisio familiar	t as ons of with	

(CONTINUED)

Page 1 of 2

•	The name and address	of each Manager or	Managing Member is as	s follows:		
	Title: "MGR" = Manager "MGRM" = Managing		Name and Address:			
	MGRM		JOSEPH M.BI	rkner	_	
			510 WINDER		_	
		•	LAKELAND, C	- 33804		
	MGRM		BRITTON J.	BIRKHER TERRACE		
			BOCA RATON,			
			,			
						
	(Use attachment if nee	cessary)				
(If an	CLE V: Effective date, effective date is listed our 90 days after the control of	, the date must be	of filing: specific and cannot be	. (OPT		lays
	REQUIRED SIGNA	TURE:	S-	~	SECRETAR	THE MAR 27
	Sign	sture of a member or a	un authorized representative	e of a member.	-	-
	•		3), Florida Statutes, the execute the same of perjury that the fact a submitted in a document to the trovided for in s.817.155, F.S.			
		JOSEPH	M. BIRKHER			
		Typed o	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)

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