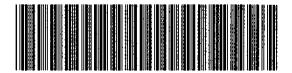
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

18 30se

JUN - 6 2013

T. HAMPTON

## **COVER LETTER**

TO: Registration Section
Division of Corporations

Warner Construction Services LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith Warner	
Name of Person	
Warner Construction Services LL	.C
Firm/Company	
13925 SW 100 Lane	
Address	
Miami, Florida, 33186	
City/State and Zip Code	
kwrg@bellsouth.net	
E-mail address: (to be used for future annual report notific	cation)

For further information concerning this matter, please call:

Keith Warner	305	387 1861
Name of Person	Area Code	& Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee 
□\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee,

Certificate of Status & Certified Copy
(additional copy is enclosed)

□\$160.00 Filing Fee,

Certificate of Status & 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



RECEIVED

13 JUN -5 AM 6: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 24, 2013

KEITH WARNER 13925 SW 100 LN MIAMI, FL 33186

SUBJECT: WARNER CONSTRUCTION SERVICES LLC

Ref. Number: W13000030500

We have received your document for WARNER CONSTRUCTION SERVICES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 913A00013141

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. Nome.		
ARTICLE I - Name: The name of the Limited Liability Compan	y is:	
Warner Construction Services 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 Li	ability Company is:
Principal Office Address:	Mailing Address:	
13925 SW 100 Lane	13925 SW 100 Lane	
Miami	Miami	
Florida 33186	Florida 33186	
13925 SW Florida stre MIAMI	ARNER Name	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this call statutes relating to the proper and con and accept the obligations of my position  Registered Agent's	d in this certificate, I hereby accept to apacity. I further agree to comply with the performance of my duties, and	the appointment as vith the provisions of d I am familiar with
(CON	TINUED)	FILED SECRETARY OF CORP

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Keith Warner
and the factor of the contract	13925 SW 100 Lane
	Miami, Florida, 33186
<del></del>	
**************************************	
	<del></del> -
LE V: Effective date, if other than the	e date of filing: (OPTION st be specific and cannot be more than five busing
(Use attachment if necessary)  LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)	e date of filing: (OPTION st be specific and cannot be more than five busing
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LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a may false information under the lam aware that any false information constitutes a third degree felon the Keith Warner of the lam aware of the lam aware false information of the lam aware of the lam aware false information of the lam aware false information of the lam aware that any false information of the lam aware false information of	er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)  Typed or printed name of signee