## 13000113699

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(City/State/Zip/Pnone #)					
PICK-UP	MAIT	MAIL			
(Bi:	siness Entity Nar	me)			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



000250307350

Effective Date 8-7-13

08/09/13--01011--005 \*\*125.00

2013 AUG -9 AH 9: 12

J. SAULSBERRY EXAMINER

AUG 12 2013

\* \*\*

## **COVER LETTER**

TO:	Registration Division of	section Corporations						
SUBJI	ECT:	J.Senico No	<u>Canstr</u>	Action ted Liability Con	npany		<del></del>	
The en	closed Articles	of Organization an	d fee(s) are	submitted for fili	ng.			
Please	return all corre	spondence concern	ing this mat	ter to the following	ng:			
		John E.	Tidu	Name of Person			<del></del>	
		SENIOR						
	4	61 Brian	Cir	Address			······································	
	M <sub>0</sub>	Seview C. Tiche E-mail address	<i>[=]</i> . 3	2569 y/State and Zip Co	ode	,		2013 AU
-		Senior C. Tida E-mail address	to be used	nes (Cam for future annual re	port notification	n)	THE STATE	G - 9
For fur	ther informatio	n concerning this m	atter, please	call:			FST	HH 9:
	John	E. Tidue V e of Person		at ( <u>850</u> Area Co	) <u>585 –</u> de & Daytime T	5726 elephone Numbe	17.5	, ×
Enclos	sed is a check	for the following	amount:					
<b>1\$</b> 125.	00 Filing Fee	□\$130.00 Fili Certificate o	ng Fee & f Status	Certified C		Certified	e of Status	&
		Mailing Addr Registration Se Division of Co P.O. Box 6327 Tallahassee, F.	ection rporations	Registr Divisio Clifton 2661 E	Courler Address ation Section n of Corporati Building xecutive Cente ssee, FL 3230	ons er Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
JSenjor Construction	LLC
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
	•
Principal Office Address:	Mailing Address:
461 Brian Cir	441 Brian Cic
Mary Esther Fl. 32569	- Mary Esther F1, 32564
Mury Esther	red Agent. You must designate an individual or another

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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: $\frac{g-7-20/3}{2}$ . (OPTIONAL) (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

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)