

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000208621 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

Fax Number : (850)617-6383

Please retain of

From:

Account Name

Account Number : FCA000000023

Phone

: (850)222~1092 : (850)878~5368

: C T CORPORATION STUTE OF SUDMISSION

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	
----------------	--

FLORIDA LIMITED LIABILITY CO. FMCC NETWORK CONTRACTING, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04.5
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

9/19/2013

SEP

850-617-6381 9720/2013 8:51:28 AM PAGE 1/001 Fax Server



September 20, 2013

FLORIDA DEPARTMENT OF STATE Division of Corporations

CT

SUBJECT: FMCC NETWORK CONTRACTING L.L.C.

REF: W13000052272

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Article I does the LLC suffix have periods? Not clear in Article I.

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 FAX Aud. #: H13000208621 Letter Number: 513A00022143

RE-SUBMIT Please retain original filing date of submission 9/19

(850) 245-6051.

COVER LETTER

		COTE		7.6	
TO:	Registration Division of C	Section orporations		•	·
SUBJ	RCT.	FMCC Netwo	ork Contracting	g, L.L.C.	
		Name of Limi	ted Liability Cor	mpuny	····
The es	closed Articles	of Organization and fee(s) are	submitted for fil	ling.	
Picaso	return all corres	pondence concerning this mat	ter to the follow	ing:	
	Katherine K. C	Connell			•
			Name of Person	<u></u>	
			Firm/Company		
	1446 Ross Av	enue, Suite 1400			
			Address	<u> </u>	
	Dalles, TX 75	202-2703			·
	1-41		ty/State and Zip C	ode:	
	квиту.соппенц	Menethealth.com E-mail address: (to be used)	for firhire arms.	nemort notification	1
For fu	rther information	concerning this matter, please			·
Kalha	rine K. Connell	,	469 M (893-2701	
	Name	of Person		ode & Deytime T	elephone Number
Enclos	sed is a check f	or the following amount:			
Q\$ 125.	.00 Piling Fee	Certificate of Status	Cartified (additional c		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Taliahassvo, FL 32314	Regist Divisi Cliftor 2661 1	t/Conrint Addressed and Corporation of Corporation Building Executive Confessor, FL 32301	ons

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		•
The name of the Limited Liability Company	y is:	
		•
	Contracting, LLC.	
(With and with the words "Limited !	Liability Company, "LL.C.," or "LLC	<i>"</i>
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Lim	ited Liability Company is:
Principal Office Address:	Mailing Address:	
1445 Ross Avenue, Sulle 1400	1445 Ross Avenue, Sul	te 1400
Dallas, TX 75202-2703	Dalias, TX 75202-2703	
7	poration System Name	7919 SEP 1 SECNETAR TALLAHASS
	et address (P.O. Box NOT accepts	
Plantation	PT. 53324	ਜੂੜ ਵ
Ci	ty, State, and Zip	[0] &
Having been named as registered agent an liability company at the place designated registered agent and agree to act in this co all statutes relating to the proper and con	d in this certificate, I hereby a apacity. I further agree to con aplete performance of my duti	for the above stated limited of the appointment at many with the provisions of les, and I am familiar with
and accept the obligations of my position of CT Corporation S	•	a jor in Chapier 606, F.S

(CONTINUED)

Page 1 of 2

	1445 Ross Avenus, Suite 1400 Dalles, TX 75202-2703 de of filing: (OPTIO	NAL)	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days or 90 days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 608.408(3), Plorida Stanuas, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am swere that any files information schuited in a document to the Department of State constitutes a third degree follows as provided for in s.817.155, F.8.) Katherine K. Connell Typed or printed name of signes	1445 Ross Avenus, Suite 1400 Dalles, TX 75202-2703 de of filing: (OPTIO	NAL)	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days or 90 days after the date of filing.) REOUIRED SIGNATURE: (In accordance with section 608.408(3), Florida Stantara, 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 follows as provided for in s.817.155, F.8.) Kalherine K. Connell Typed or printed name of signes	Dallas, TX 75202-2703	NAL)	
CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days or 90 days after the date of filing.) REOUIRED SIGNATURE: (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 falso information submitted in a document to the Department of State constitutes a third degree folony as provided for in s.817.155, F.S.) Kalherine K. Connell Typed or printed name of signes	e of filing: (OPTIO	NAL)	
CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days or 90 days after the date of filing.) REQUIRED SIGNATURE: (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 follows as provided for in s.817.155, F.S.) Kalherine K. Connell Typed or printed name of signes	e of filing: (OPTIO	NAL)	
CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days or 90 days after the date of filing.) REOUIRED SIGNATURE: (In accordance with section 608.408(3), Florida Stanutes, 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 falso information submitted in a document to the Department of State constitutes a third degree follows as provided for in s.817.155, F.S.) Kalherine K. Connell Typed or printed name of signes	e of filing: (OPTIO	NAL)	
CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days or 90 days after the date of filing.) RECUIRED SIGNATURE: (In accordance with section 608.408(3), Florida Stanutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated berein are true. I am aware that any falso information submitted in a document to the Department of State constitutes a third degree follows as provided for in s.817.155, F.S.) Kalherina K. Connell Typed or printed name of signes	e of filing: (OPTIO	NAL)	
CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days or 90 days after the date of filing.) RECUIRED SIGNATURE: (In accordance with section 608.408(3), Florida Stanutes, the execution of this document constitutes an affluention under the penalties of perjury that the facts stated berein are true. I am aware that any falso information submitted in a document to the Department of State constitutes a third degree follows as provided for in s.817.155, F.S.) Kalherina K. Connell Typed or printed name of signes	e of filing: (OPTIO	NAL)	
CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days or 90 days after the date of filing.) RECUIRED SIGNATURE: (In accordance with section 608.408(3), Florida Stanutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated berein are true. I am aware that any falso information submitted in a document to the Department of State constitutes a third degree follows as provided for in s.817.155, F.S.) Kalherina K. Connell Typed or printed name of signes	e of filing: (OPTIO	· · ·NAL) iness day	
CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days to or 90 days after the date of filing.) REOUIRED SIGNATURE: (In accordance with section 608.408(3), Florida Stantos, 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 follows as provided for in s.817.155, F.S.) Kalherine K. Connell Typed or printed name of signes	e of filing: (OPTIO	(NAL) iness day	
CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days or 90 days after the date of filing.) RECUIRED SIGNATURE: (In accordance with section 608.408(3), Florida Stanutes, the execution of this document constitutes an affluention under the penalties of perjury that the facts stated berein are true. I am aware that any falso information submitted in a document to the Department of State constitutes a third degree follows as provided for in s.817.155, F.S.) Kalherina K. Connell Typed or printed name of signes	e of filing: (OPTIO	NAL)	
CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days or 90 days after the date of filing.) REOUIRED SIGNATURE: (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 sware that any false information submitted in a document to the Department of State constitutes a third degree falony as provided for in s.817.155, F.S.) Kalherine K. Connell Typed or printed name of signes	e of filing: (OPTIO	NAL)	
CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days or 90 days after the date of filing.) REOUIRED SIGNATURE: (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 falso information submitted in a document to the Department of State constitutes a third degree folony as provided for in s.817.155, F.S.) Kalherine K. Connell Typed or printed name of signes	e of filing: (OPTIO	NAL) iness day	
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Stanutes, 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 follows as provided for in s.817.155, F.S.) Kalherine K. Connell Typed or printed name of signes			/B
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Stanutes, 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 falony as provided for in s.817.155, F.8.) Kalherine K. Connell Typed or printed name of signes			•
(In accordance with section 608.408(3), Florida Statutes, the exception 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 follows as provided for in s.817.155, F.S.) Kalherine K. Connell Typed or printed name of signes	O Company	SECK	C 6187
(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 falso information submitted in a document to the Department of State constitutes a third degree falony as provided for in s.817.155, F.S.) Katherine K. Connell Typed or printed name of signes	an authorized representative of a member.	£ 17	5
Typed or printed name of signes	ponalties of perjury that the facts stated herein are true, a submitted in a document to the Department of State	ASSEE, F	-
Filling Fees:		5	
	or printed name of signes	蓋当	•
\$125.00 Filing Fee for Articles of Organization and Designation			· I
	tion and Designation	٠.	
of Registered Agent		(3), Florida Statutes, the execution of this document consilies of perjury that the facts stated herein are true. A submitted in a document to the Department of State revided for in s.817.155, F.S.) or printed name of signes	(3), Florida Statutos, the execution of this document ponalities of perjury that the facts stated herein are true. In submitted in a document to the Department of State revided for in s.817.155, F.S.) or printed name of signes

Page 2 of 2