## L13000142804

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Doddinost Hambol)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100252271571

16/08/13--01006--013 \*\*130.00

2010 OCT -8 PH 2: 50

09 (OCT 20 2013

D. ERUCE

## **COVER LETTER**

TO: Registration Section
Division of Corporations

Excellent 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:

Tallahassee, FL 32314

I lease return an corresp	ondence concerning time man	of to the following.	
Sheldor	n Bahadoor		
		Name of Person	_
Excelle	nt Construction	on Services, LLC	_
		Firm/Company	
571	Greenspring	gs Place	_
		ch, FL 33409	
	· · · · · · · · · · · · · · · · · · ·	ty/State and Zip Code	
miraclen	narble@hotmai		<del>3</del> -
	concerning this matter, please		
Sheldon Ba	anadoor	at (OC)	
Name	of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	or the following amount:	ORION STATE	) (
□\$125.00 Filing Fee	\$130.00 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	Street/Courier Address Registration Section Division of Corporations Clifton Building	

2661 Executive Center Circle Taliahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Excellent 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 principal office of the Limited Liability Company is:
Principal Office Address:  571 Greensprings Place  West falm Beach, Pu  33409
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:
She don Bahadoor
Name  571 Greensprings Place  Florida street address (P.O. Box NOT acceptable)  Nest folm Black FL 33409  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
Aheldon Bahoeloor 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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Sheldon Bahadoor  571 Greensprings Place West Palm Beach, FL 33409
(Use attachment if necessary)  CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.)	
CLE V: Effective date, if other than the effective date is listed, the date must	st be specific and cannot be more than five business da
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.)  REQUIRED SIGNATURE:	st be specific and cannot be more than five business de
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.)  REQUIRED SIGNATURE:	Baharloot  Per or an authorized representative of a member.
CLE V: Effective date, if other than the effective date is listed, the date must of or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with section 60 constitutes an affirmation under I am aware that any false information.)	Description and cannot be more than five business described by the specific and cannot be more than five business described by the specific and cannot be more than five business described by the specific and cannot be more than five business described by the specific and cannot be more than five business described by the specific and cannot be more than five business described by the specific and cannot be more than five business described by the specific and cannot be more than five business described by the specific and cannot be more than five business described by the specific and cannot be more than five business described by the specific and cannot be more than five business described by the specific and cannot be more than five business described by the specific and cannot be more than five business described by the specific and cannot be more than five business described by the specific and cannot be more than five business described by the specific and cannot be more than five business described by the specific and cannot be specificated by the specific and cannot be specific and cannot be specificated by the specific and cannot be specificated by the specific and cannot be specificated by the specific and cannot be specific and cannot be specific and cannot be specific and cannot be specificated by the specific and cannot be
CLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a mem	Der or an authorized representative of a member.  28.408(3), Florida Statutes, the execution of this document. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of penalties
CLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a mem	Der or an authorized representative of a member.  28.408(3), Florida Statutes, the execution of this document. The penalties of perjury that the facts stated herein are: true. The penalties of perjury that the facts stated herein are: true that in a document to the Department of State and as provided for in s.817.155, F.S.)

of Registered Agent
\$ 30,00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)