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| (Re | equestor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
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| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY TO THE SECRET

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COVER LETTER

| то: | Registration S Division of Co | | | |
|-----------|----------------------------------|---|---|---|
| SUBJE | CT: | Knipers C | onstruction, LLC | |
| SC BGE | | | ed Liability Company | |
| The enc | losed Articles o | f Organization and fee(s) are: | submitted for filing. | |
| Please re | eturn all corres | ondence concerning this matt | er to the following: | |
| | | Stephen | Kuipers | |
| _ | | <u> </u> | Name of Person | |
| _ | | Kuipers | Kuipers Name of Person Construction Le Firm/Company | ـد |
| | | | Firm/Company | |
| | | $\mathcal{P}_{\mathcal{O}}$ | Box 4743 | |
| - | | | Box 4743 Address | |
| | | ~ , | 0 0 . 5. 3. | 3.11=G |
| - | | SAnta A | 2054 Beach FL 32 y/State and Zip Code | 2457 |
| | | | | |
| _ | | E-mail address: (to be used f | Epers @ Yahoo. Com or future annual eport notification) | |
| For furth | ner information | concerning this matter, please | call: | |
| | Shari | Hiles | at (<u>850</u>) <u>231-70</u> Area Code & Daytime Teleph | 00 |
| | Name | of Person | Area Code & Daytime Teleph | none Number |
| Enclose | ed is a check f | or the following amount: | | |
| □\$125.0 | 0 Filing Fee | \$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed) | Certificate of Status & |
| | | 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 Cir Tallahassee, FL 32301 | 14 JAN 15 FZ SECRETAN 1 F S TALLANACE EL TI |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | OND LEVELLE COM AND LEVEL TO THE AND LEVEL AND |
|--|--|
| Kuipers Constructi | ON, LLG |
| (Must end with the words "Limited Liabil | ity Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pr | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 46 Bulwood ST | PO BOX 4743 |
| 46 Belwood ST Santarlos4 Bun, FL 32459 | PO BOX 4743 SANTA ROSA BUG FL 32459 |
| | ress (P.O. Box <u>NOT</u> acceptable) |
| liability company at the place designated in the registered agent and agree to act in this capact all statutes relating to the proper and complete | accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with gistered agent as provided for in Chapter 60%, F.S |
| Registered Agent's Signatu | ure (REQUIRED) |
| (CONTIN | UED) |
| 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 "MGRM" = Managing Memb | Name and Address: |
|---|--|
| MGR | Stephen Kuipers PO BOX 4743 SANTEROSABOLA, FL 32459 |
| | |
| | |
| (Use attachment if necessary) | |
| ARTICLE V: Effective date, if other (If an effective date is listed, the da prior to or 90 days after the date of f | than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days iling.) |
| REQUIRED SIGNATURE: | |
| _ Lt. | epen & Kingsen |
| Signature of | a member or an authorized representative of a member. |
| constitutes an affirmat I am aware that any fa | iction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Is information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.) |
| | Stephen Kuipers 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)

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