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| (Requestor's Name) |
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| , |
| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| C |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| JAN 2 3 2013 |
| A. LUNT |
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Office Use Only



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COVER LETTER

| то: | Registration Section Division of Corporations | |
|---------|--|--|
| SUBJI | JECT: WORK HORSE C Name of Limited Liability | ONSTRUCTION LLC |
| The en | enclosed Articles of Organization and fee(s) are submitted for | or filing. |
| Please | se return all correspondence concerning this matter to the fol | lowing: |
| | Paul Vincent Name of Pe | RAMOS |
| | WORK HORSE | CONSTRUCTION L.LC |
| | 1166 POP/Ar Address | |
| | Tallah A 55 E Flority/State and 2 PUR. 78 70 D Jall E-mail address: (to be used for | Cip Code Cip Co |
| For fur | further information concerning this matter, please call: | |
| P | Prul Ramos at (276) Name of Person Area Code | 207-1556 Daytime Telephone Number |
| \ | Certificate of Status Certified | Filing Fee & \$160.00 Filing Fee. I Copy Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Registration Section R Division of Corporations D P.O. Box 6327 C Tallahassee, FL 32314 20 | treet/Courier Address egistration Section vivision of Corporations lifton Building 661 Executive Center Circle allahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Must end with the words "Limited Liability Company, "L.L.C.," or "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: Mailing Address: | |
| 1166 POPLANDA 1166 POPLONDR. TOURHASSEE FLA. 32304 32304 | |
| 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 individuanther business entity with an active Florida registration.) | al or |
| The name and the Florida street address of the registered agent are: | £- |
| Par 1 Romos Name | · <u>新</u> 193 |
| Florida street address (P.O. Box NOT acceptable) | 1 1 2 Y |
| TO/18h A 55EF FL 32304 Zip | Sall r |
| Having been named as registered agent and to accept service of process for the above stated limited liability the place designated in this certificate, I hereby accept the appointment as registered agent and agree to capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete per of my duties, and I am familiar with and accept the obligations of my position as registered agent as providing the complete of the proper and I am familiar with and accept the obligations of my position as registered agent as providing the content of the proper and complete per content of the proper and content | act in this erformance |
| Registered Agent's Signature (REQUIRED) | |
| (CONTINUED) | |

Page 1 of 2

| <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager | Poul V Ramos 11 66 papla DR |
|--|---|
| AMBR | 11 66 paplar DR. TALLAHASSEE. ELA 30304 |
| | |
| | - |
| | |
| effective date is listed, the date must be s | ate of filing: |
| CLE V: Effective date, if other than the da effective date is listed, the date must be ste of filing.) | ate of filing: <u>1 - 23 - 14</u> . (OPTIONAL) specific and cannot be more than five business days prior to or 90 days |
| CLE V: Effective date, if other than the da | ate of filing: 1 - 23 - 14 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days |

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)