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

Office Use Only



400257855654

03/20/14--01001--012 **125.00



COVER LETTER

	ion Section of Corporations		
SUBJECT:	Leminole Cons	Struction, LLC nited Liability Company	·
The enclosed Artic	les of Organization and fee(s) are	e submitted for filing.	·
Please return all co	rrespondence concerning this ma	atter to the following:	
	Ку	1e Hodges	
		Firm/Company ·	
	1734 Ro	Address	
	Tally	ity/State and Zip Code Company Com If for fundre annual report notification is call:	
	E-mail address: (to be used	for future annual report notifica	tion)
For further informa	ition concerning this matter, plea	se call:	
Kyle He	at (at (850 491-19	ephone Number
Enclosed is a check	for the following amount:		
□ \$125.00 Filing Fee	E □\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ā 1 1	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Addi Registration Section Division of Corporat Clifton Building	ions
7	Tallahassee, FL 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:				
Seminole Construc (Must end with the words "L	tion, LLC imited Liability Compa	any, "L.L.C.," or "LLC.	")	
ARTICLE II - Address: The mailing address and street address of the princ	ripal office of the Limi	ted Liability Company i	is:	
Principal Office Address:	Mailing Add			
[734 Ray rd.] Tall, Fl 32303		пе		
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as it another business entity with an active Florida registered and the Florida street address of the registered for the registered	s own Registered Agerstration.) istered agent are: Name	nt. You must designate a	an individual	or
1734 Ray r. Florida street address (P.	O. Box <u>NOT</u> acceptab	32303 le)		
Ta11	FL 3	_		
City		Zip		
Having been named as registered agent and to acc the place designated in this certificate, I hereby capacity. I further agree to comply with the prov of my duties, and I am familiar with and accept	accept the appointmer	nt as registered agent and lating to the proper and l	d agree to act complete perj	t in this formance
Registered Agent's	Signature (REQUIRE	3D)		
(CON	TINUED)		H ₁₀	14

Page 1 of 2

14 MAK 19 PM 4: 20

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
, , , , , , , , , , , , , , , , , , , ,	Tall # 32303
(Use attachment if necessary)	
ADTICLE N. DECOR. det 10 de de de 14	(ODTIONAL)
(If an effective date is listed, the date must be spetthe date of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spetthe date of filing.) ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
(If an effective date is listed, the date must be spetthe date of filing.) ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mee (In accordance with section 60 constitutes an affirmation unde I am aware that any false infort constitutes a third degree felon	of filing:

ARTICLE IV-

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

I Kyle Hodges am aware of the Similar name of Seminoles construction, but would like to file the name "Seminole construction, LLC" because it is available.

14 MAR 19 PM 4: 20