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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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Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Corporations ALUMINUM 4 CONSTRUCTION, LLC The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DAVIO G. Ames
Name of Person AAA ALUMINUM + CONSTRUCTION, LLC
Firm/Company 15858 NW 947h AVE ALACHUA, FL. 32615
City/State and Zip Code DAVID @ Ames Const. Net

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
 DAVIO G. AmeS
 at (352)
 870-51/6

 Name of Person
 Area Code
 Daytime Telephone Number
 Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street/Courier Address

Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
AAA ALuminum + Cons (Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principa	l office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15858 NW 9476 AVR ALACHUA. FL 32615	15858 NW 94th AVE ALACHUA, FL. 3265
ALACHUA, FL. 32615	ALACHUA, FL. 3265
another business entity with an active Florida registra	wn Registered Agent. You must designate an individual or tion.)
The name and the Florida street address of the register	-
PAVIO G. HME	<u>S</u>
IVA	Me A
Florida street address (P.O. E	me A VE Box NOT acceptable)
Al AchuA	FL 326/5
City	Zip
the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provisio of my duties, and I am familiar with and accept the	service of process for the above stated limited liability company at cept the appointment as registered agent and agree to act in this ons of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in capter 605, F.S
Registered Agent's Sig	Annee (REQUIRED)
(CONTI)	SS 16

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
m G R	DAUID G. Ames	
	15858 NW 94th Ave. ALACHUA, FL. 32615	
	MCACHUM, PC. 326/8	
AMBR	JAMIE O. AMES 6512 NW 37th DR.	
	65/2 NW 37/4 DU. GAINESVILLE, FL. 32653	
	GHINESVILLE, P.C. JAGS 3	
	<u> </u>	
(Use attachment if necessary)		
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of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a	M. Ames member or an authorized representative of a member.	
of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	member or an authorized representative of a member. 605.0203 (1) (b). Florida Statutes, the execution of this document	
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ARTICLE IV-