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(Req	uestor's Name)
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,	,
(City	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	iness Entity Name)
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(Doc	ument Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:
	Office Use Only



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COVER LETTER

	ration Section n of Corporations
SUBJECT: <u>E</u> n	nglish Constructors Name of Limited Liability Company
	ticles of Organization and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
<u>Will</u>	iam English Name of Person
<u>Eng</u>	lish Constructors
	Firm/Company
540	5 Stanford Road Address
<u>Jac</u>	City/State and Zip Code
wtenglish@	Dyahoo.com E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
William English	n at (904) 759-8110 Name of Person Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:
☑ \$125.00 Filing F	Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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 Circle Tallahassee, FL 32301.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
English Constructors LLC (Must end with the words "Lim	ited Liability Company, "L.L.C.," or "	'LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Comp	pany is:
Principal Office Address:	Mailing Address:	
5405 Stanford Road Jacksonville, FL 32207	5405 Stanford Road Jacksonville, FL 32207	
ARTICLE III - Registered Agent, Registered Offic (The Limited Liability Company cannot serve as its canother business entity with an active Florida registr	own Registered Agent. You must designation.)	
The name and the Florida street address of the registe	ered agent are:	
William English	ame	
	unic	
5405 Stanford Road Florida street address (P.O.	Box NOT acceptable)	
<u>Jacksonville</u>	FL 32207	
City	Zip	
Having been named as registered agent and to accept he place designated in this certificate, I hereby accapacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	ccept the appointment as registered age ons of all statutes relating to the proper	ent and agree to act in this r and complete performance
Registered Agent's	gnature (REQUIRED)	ALE T
(CONTI	INUED)	OCT 27 RETARY AHASSE
Page 1	1 of 2	SP B IM

<u>Title:</u> 'AMBR" = Authorize	ed Member	Name and Address:	
MGR" = Manager		Million English	
MGR	_	William English 5405 Stanford Road	
		Jacksonville, FL 32207	
		Jacksonville, 1 L J2201	
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Use attachment if ne EV: Effective date, in ctive date is listed, the f filing.)	f other than the date of fi	iling: October 31, 2014 . (OPTIC c and cannot be more than five business days p	ONAL) prior to or 9
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