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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: BELKEN CONSTRUCTION L. L.C.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wm.	FRANK Holky
	Name of Person
	Firm/Company
	7474 WALCOTT RO
	PT. CHARLOTTE F/, 33981
	ALLDAYDAYTRADER® HOTMAIL. Com
	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Frank Holley at (850) 209 171

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$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)

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
BELICEN CONSTRUCTION L. (Must end with the words "Limited Liability Company,"	L.C.
(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 L	Liability Company is:
Principal Office Address:	Mailing Address:

ARTICLE 1 - Name:

PTCHARLOTTE FL. 33981 Som 5	
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 indiv	vidual or
another business entity with an active Florida registration.)	, N
The name and the Florida street address of the registered agent are:	n. ————————————————————————————————————
Name O	1081E
7474 WALCOTT KO	3 ->
Florida street address (P.O. Box NOT acceptable) Pf CHALLOTTE, FL 3398/	
City State Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
M6R	FRANK Holley 1474 WALCOTT RD PTICHARLOTTS FL. 3398)
effective date is listed, the date must be sp te of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 describes applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.)	ecific and cannot be more than five business days prior to or 90 dencet the applicable statutory filing requirements, this date will not be
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CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.) If the date inserted in this block does not recument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with sect constitutes an affirmatio I am aware that any false constitutes a third degree	ecific and cannot be more than five business days prior to or 90 demeet the applicable statutory filing requirements, this date will not be of State's records. ember or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State

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