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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: NORTON CONSTRUCTION LLC. 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:
David Lee NorToN Name of Person
Firm/Company
5787 CYPress Cir
Tallahassee, FL 32303 City/State and Zip Code DAVID NORTON CONSTRUCTION @ GMAIL, CDM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section New Filing Section Division of Comparison

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

i ne name of the Lim	ited Liability Co	ompany is:	
ŻV	ORTON	CONSTRUCTION the words "Limited Liability Company	LLC.
	(Must end with	the words "Limited Liability Company	y, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

6787 CYPRESS CIRCLE TALLALASSER, FLORIDA	5787 CYPRESS CINCIP
TATIALASSEE, FIORIDA	TALLAHASSYE, FLORIDA
32303	32303

Mailing Address:

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 individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Principal Office Address:

DAVO 1	DRTON	
1	Name	
5767 CYPA	esse, R.	cle
Florida street address (P.O. Box NOT	acceptable)
TAllahassee	FL	32303
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

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"AMBR" = Authorized Member "MGR" = Manager "MCR" "The Long Tow "The Long Tow	Ciecle 32303
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: Sective date is listed, the date must be specific and cannot be more than five busines of filing.) If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	Ciecle 32303
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LE VI: Other provisions, if any.	,
REOUIRED SIGNATURE:	
Land land	
Signature of a member or an authorized representative of This document is executed in accordance with section 605.0203 (1) I am aware that any false information submitted in a document to the constitutes a third degree felony as provided for in s.817.155, F.S.	
constitutes a trird degree telony as provided for in s.x17.155. F.S.	(b), Florida Statutes.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)