LISOUD

(Red	questor's Name)	
(Add	dress)	·
(Add	dress)	
(City	//State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

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10/09/15--01001--015 **155.00

FILING CANCELLED RETURNED CHECK



COVER LETTER

TO:	Registration Section Division of Corporations	
CUDII	D Ward Construction	
SUBJE	Name of Limited Liability Company	
The en	enclosed Articles of Organization and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	Danny James Ward	
	Name of Person	*******
	D Ward Construction	
	Firm/Company	_
	6590 NE 119th Terr	
	Address	
	Williston, Fl 32696dna101505@gmail.com	
	City/State and Zip Code	
	dna101505@gmail.com E-mail address: (to be used for future annual report notification)	
Earl Godle		
For lurun	ther information concerning this matter, please call:	
	Danny Ward 352 260-5322 at ()	
	Name of Person Area Code Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
\$125.0	.00 Filing Fee \$130.00 Filing Fee & S160.00 Filing Fee & Certificate of Status (additional copy is enclosed) S160.00 Filing Fee Certified Copy (additional copy is enclosed)	ıs &
	Mailing Address Street Address	

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

ARTICLE I - Name: The name of the Limited Liability Company	ie·	FILING CANCELLED
The name of the Entitled Entothly Company	13.	RETURNED CHECK
D. Ward Construction, LLC		
(Must end with the wor	ds "Limited Liability Co	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the L	imited Liability Company is:
Principal Office Ac	ldress:	Mailing Address:
6590 NE 119th Terr		6590 NE 119th Terr
Williston, FL 32696		Williston, FL 32696
The name and the Florida street address of the	ne registered agent are:	
Dainty Ja	Name	
6590 NE	119th Terr	
Florida s	treet address (P.O. Box 1	IOT acceptable)
Williston	Florida	32696
	City State	Zip
place designated in this certificate, I hereby acc	cept the appointment as re	for the above stated limited liability company at the gistered agent and agree to act in this capacity. It proper and complete performance of my duties, an

d I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

FILING CANCELLED RETURNED CHECK

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The name and address of each person authorized to manage and control the Limited Liability Company:

	Name and Address:
"MGR" = Manager	President= Danny Ward 6590 NE 119th Terr Williston, FL 32696
· ************************************	
	
(Use attachment if necessary)	
ICLE V: Effective date, if other than the date o	
ate of filing.) If the date inserted in this block does not me	et the applicable statutory filing requirements, this date will not be li
ate of filing.) If the date inserted in this block does not me ocument's effective date on the Department of	eet the applicable statutory filing requirements, this date will not be li
ate of filing.) If the date inserted in this block does not me ocument's effective date on the Department of	eet the applicable statutory filing requirements, this date will not be li
ate of filing.) If the date inserted in this block does not me ocument's effective date on the Department of ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	teet the applicable statutory filing requirements, this date will not be light State's records.
ate of filing.) If the date inserted in this block does not me document's effective date on the Department of ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men This document is executed I am aware that any false in the second s	eet the applicable statutory filing requirements, this date will not be li
late of filing.) E: If the date inserted in this block does not me document's effective date on the Department of CICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men This document is executed I am aware that any false in the company of	the applicable statutory filing requirements, this date will not be light state in a document to the Department of State in a state

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)