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SECRUTARY OF STATE AHASSEE FLORID

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COVER LETTER

	Registration Section Division of Corporations
CHD IE	ADD CONSTRUCTION, LLC
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	ALEXANDER NAVARRO
	Name of Person
	ADD CONSTRUCTION, LLC
	• Firm/Company
	4500 STONE HEDGE DR.
	Address
	ORLANDO, FLORIDA, 32817
	City/State and Zip Code
	A Inavarro@aol.com E-mail address: (to be used for future annual report notification)
	·
For further	r information concerning this matter, please call:
	ALEXANDER NAVARRO 407 947-7300 at ()
	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 & 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

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	v Company is:				16 APR 21	.ED
The name of the shifted shifting	, company in				16 APR 21	DM n. nm
ADD CONSTRUC	CTION LLC.				SECOL	117 2:55
	with the words "Limited	Liability (Company, "	L.L.C.," or "LLC.")	SEGNETARY PALLAHASSE	U STATE
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	lice of the	Limited Li	iability Company is:		w · Conny
<u>Principa</u>	al Office Address:			Mailing Add	ress;	
4500 STONE HED	OGE DR.					
ORLANDO, FL,			SAM	E AS PRINCIPAL OF	FICE	
The name and the Florida street a	ALEXANDER NA	-				
	4500 STONE HED		NCYT	11-2		
	Florida street address	(P.O. Bo	x <u>NO1</u> acc	eptable)		
	ORLANDO , City	!	FL	32817		
	City	State	2	Zip		
Aaving been named as registered of place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob	I hereby accept the appo ovisions of all statutes re- ligations of my position a	inshehi a. atiyg 10 il sfregister MM	s registered he proper al ed agent as	agent and agree to act nd complete performan	in this capacity, in this capacity, in the capacity in the capacity.	1
		(CONTI	NUED)			

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	16 APR 21 PM 2:55
"MGR" = Manager		SECRETARY OF JEAT A FALL AHASSEE FLORIDY
MGR	ALEXANDER NAVA	RRO
	4500 STONE HEDGE	
	ORLANDO, FL 32817	
AMBR	DAVID NAVARRO	
	107 LEWFIELD CIR.	
	WINTER PARK, FL 3	2792
AMBR	DOUG HERROLD	
	4509 STONE HEDGE	
	CALAL A NUMBER OF THE 2001	75
(Use attachment if necessary) EV: Effective date, if other than the dafective date is listed, the date must be of filing.) If the date inscrted in this block does no	specific and cannot be more than five it meet the applicable statutory filing re	(OPTIONAL) business days prior to or 90 day
LE V: Effective date, if other than the date fective date is listed, the date must be of filing.)	ate of filing:	(OPTIONAL) business days prior to or 90 day
LEV: Effective date, if other than the date fective date is listed, the date must be of filing.) If the date inscrted in this block does not ment's effective date on the Department.	ate of filing:	(OPTIONAL) business days prior to or 90 day
LEV: Effective date, if other than the date fective date is listed, the date must be of filing.) If the date inscrted in this block does not ment's effective date on the Department.	ate of filing:	(OPTIONAL) business days prior to or 90 day
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