

L16000142100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

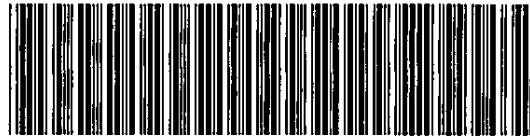
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE 07/18/16

08/02/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLLIER UNLIMITED CONSTRUCTION SERVICES, 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:

THOMAS LUFT

Name of Person

Firm/Company

300 FIFTH AVENUE SOUTH, SUITE 422

Address

NAPLES, FLORIDA 34102

City/State and Zip Code

LUFTi1@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS LUFT at (239) 438-6651

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

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 Company is:

COLLIER UNLIMITED CONSTRUCTION SERVICES, LLC
(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 Liability Company is:

Principal Office Address:

300 FIFTH AVE. S. #422
NAPLES, FL 34102

Mailing Address:

300 FIFTH AVE. S. #422
NAPLES, FL 34102

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.)

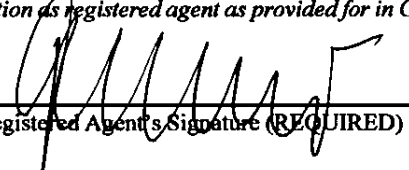
The name and the Florida street address of the registered agent are:

THOMAS LUFT
Name

300 FIFTH AVENUE S., SUITE 422
Florida street address (P.O. Box **NOT** acceptable)

NAPLES FLORIDA 34102
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)

FILED
16 JUN 25 PM 12:11
CLERK OF DISTRICT COURT
SOUTH DIXIE COUNTY
TALLAHASSEE, FLORIDA

