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SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

Date:

Verifier _____ W.P. Verifier ____

Ref#_

3-20-17

Name:	Tomak	rawk Constru	uction
Document #:	JW	ER	EngineersLLC
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Plain Copy: Certificate of Good Standing:			
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Thank you!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ity Company is:			e e e e e e e e e e e e e e e e e e e	
Tomahawk Co	onstruction En	gineers LLC		
with the words "Limited	l Liability Compa	ny, "L.L.C.," or "LLC.")	1.	
address of the principal o	office of the Limit	ed Liability Company is:		
Principal Office Address:		Mailing Address:		
13650 Fiddlesticks Blvd., #150		13650 Fiddlesticks Blvd #150		
Fort Myers, FL 33912		Fort Myers, FL 33912		
13650 Fiddlesticks F	Name Blvd., #150	Caccentable)		
		-		
Fort Myers City	State	Zip		
e, I hereby accept the app provisions of all statutes r bligations of my position	cointment as regist clating to the prop as registered age.	tered agent and agree to act in oer and complete performance nt as provided for in Chapter (this capacity. I of my duties, and I	
	Tomahawk Cowith the words "Limited address of the principal of the princip	Tomahawk Construction Engited with the words "Limited Liability Compared of the With the words "Limited Liability Compared of the With the words "Limited Liability Compared of the Principal Office of the Limited Construction of the Limited of the Limited Office Address: Blvd #150	Tomahawk Construction Engineers LLC with the words "Limited Liability Company, "L.L.C.," or "LLC.") address of the principal office of the Limited Liability Company is: Mailing Address: Mailing Address Blvd #150 13650 Fiddlesticks Blvd #150 12 Fort Myers, FL 33912 gent, Registered Office, & Registered Agent's Signature: y cannot serve as its own Registered Agent. You must designate an indicactive Florida registration.) address of the registered agent are: Edward Jeffrey Ray Reynolds Name 13650 Fiddlesticks Blvd #150 Florida street address (P.O. Box NOT acceptable) Fort Myers FL 33912 City State Zip Tagent and to accept service of process for the above stated limited liability. I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relating to the proper and complete performance bligations of my position as registered agent as provided for in Chapter of the agree of the proper and complete performance bligations of my position as registered agent as provided for in Chapter of the agree of the chapter of the proper and complete performance bligations of my position as registered agent as provided for in Chapter of the proper and complete performance bligations of my position as registered agent as provided for in Chapter of the proper and complete performance bligations of my position as registered agent as provided for in Chapter of the proper and complete performance bligations of my position as registered agent as provided for in Chapter of the proper and complete performance bligations of my position as registered agent as provided for in Chapter of the proper and complete performance bligations of my position as registered agent as provided for in Chapter of the proper and complete performance bligations of my position as registered agent as provided for in Chapter of the proper and complete performance and the proper and	

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Jeffrev William Reynolds
	13650 Fiddlesticks Blyd #150
	Fort Myers, FL 33912
AMBR	Edward Jeffrey Ray Reynolds
	13650 Fiddlesticks Blvd #150
	Fort Myers, FL 33912
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(Use attachment if necessary)	
CLE V: Effective date, if other than the da	ate of filing: (OPTIONAL)
effective date is listed, the date must be	specific and cannot be more than five business days prior to or 90 days afte
te of filing.)	
out the date inserted in this block does no cument's effective date on the Departme	of meet the applicable statutory filing requirements, this date will not be listed a
ennent's effective date on the Departine	in of State S records.
CLE VI: Other provisions, if any.	

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jeffrey William Reynolds. Authorized Representative
Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)