P. 001/003

4/5/2017

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## FLORIDA LIMITED LIABILITY CO. CONSTRUCTION STRUCTURAL SERVICES, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

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Corporate Filing Menu

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M. MOON APR 05 2017

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:   |
|---|
| Construction Structural 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: Mailing Address;  |
| 71 SW 134 CT 71 SW 134 CT MIGHT TO 37184  |
| 111101011 110   |
| (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:    105/Auc   |
| Mann Fr 33/41   |
| Mann FC 53184<br>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 arregistered agent as provided for in Chapter 605, F.S  Registered Agent's Signaturo (REQUIRED)  (CONTINUED) |

Page 1 of 2

| (Use attachment if necessary)  LEV: Effective date, if other than the date of filing:  Out   Sur   3 eq   cr    My   Pari              (OPTIONAL)  Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not unnent's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Van aware the any false information submitted in a document to the Department of State donstitutes third-degree felony as provided for in s.817.155, F.S.  Y Typed or printed name of signee  Filing Recs:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Optional) | Title: "AMBR" = Authorized Member "MGR" = Manager   | Name and Address:   |        |
|---|---|---|--------|
| (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  OPTIONAL)  Meetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 to filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not tument's effective date on the Department of State's records.  LE 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.  Yam aware that any false information submitted in a document to the Department of State donstitutes a third degree felony as provided for in s.817.155, F.S.  Typed or printed name of signee  | (Mgl)<br>(Mgl)  | 10051400 VILLOUDO   |        |
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