L17000082466

| (| Requestor's Name) | |
|----------------------|-------------------------|--------|
| (| Address) | |
| (| Address) | |
| | City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (| Business Entity Name) | |
| | Document Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions | to Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: New Filing Section Division of Corporations |
|---|
| SUBJECT: Harker Construction 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: |
| Robert D Harher |
| Name of Person |
| |
| Firm/Company |
| 1147 Huy 179 A |
| Address |
| Westvilla Fl. 32464 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Robert Havker at (850) 768-1508 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$ \text{S160.00 Filing Fee.} \text{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

| The name of the Limited Liability Company is: | |
|--|--|
| Harker Construction LLC | |
| (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") | |

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: |
|---|--------------------------------------|
| 1147 Hwy 179A Wostville Fl. 32464 | 1147 Hwy 179A Westville Fl. 32464 |
| E III - Registered Agent, Registered Office, & Regist | ered Agent's Signature: |

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:

Robert D HAWKEY

Name

141 HWY 1794

Florida street address (P.O. Box NOT acceptable)

Westuile Fl. 32464

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)

2011 AFK 13 PH 6: 4-6

| Title: "AMBR" = Authorized Member | Name and Address: |
|--|---|
| "MGR" = Manager | Robert D Harker |
| | Westrille Fl. 32464 |
| | |
| | |
| | |
| | |
| | |
| | |
| effective date is listed, the date must be space of filing.) | e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days |
| CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not cument's effective date on the Department. | meet the applicable statutory filing requirements, this date will not be list |
| CLE V: Effective date, if other than the date effective date is listed, the date must be specified in filing.) If the date inserted in this block does not | meet the applicable statutory filing requirements, this date will not be list |
| CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not cument's effective date on the Department. | meet the applicable statutory filing requirements, this date will not be list |
| CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a nature of a natur | meet the applicable statutory filing requirements, this date will not be list of State's records. member or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b). Florida Statutes, se information submitted in a document to the Department of State ec felony as provided for in s.817.155, F.S. |
| CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a nature of a natur | meet the applicable statutory filing requirements, this date will not be list of State's records. The member of an authorized representative of a member, uted in accordance with section 605.0203 (1) (b). Florida Statutes, se information submitted in a document to the Department of State |
| CLE V: Effective date, if other than the date effective date is listed, the date must be specified of filing.) If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man This document is exect I am aware that any fall constitutes a third degree. | meet the applicable statutory filing requirements, this date will not be list of State's records. member or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b). Florida Statutes, se information submitted in a document to the Department of State ce felony as provided for in s.817.155, F.S. |

ARTICLE IV-