## 17000121238

(Requestor's Name)
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PICK-UP WAIT MAIL
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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Brody DeMoss CChstruction LL 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:
Brode De Moss Name of Person
Brody Demoss construion LLC Firm/Company
4156 PCNaCy Press, C+ Address
Tallahassee FL1 32310 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Prody De Moss <sub>at</sub> (850) 766 - 2022  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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Must contain the words "Limited Liability Co	ompany, "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:
4 156 Ponder Press CT+	4156 POND CY Press Cr+
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Prody De 1 Name	moss
UISG A ON C C Florida street address (P.O. Box	NOT acceptable)
To 1	-1 77710

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)

HASION OF BORPOCHIBMS

Title: "AMBR" = Author "MGR" = Manager		Name and Address:
MGR	· · · ·	Produ DeM OSS-4/56 Pone cypress Crt, 323/0
	·	
(Use attachment if	• •	, (ODTIONAL)
n effective date is listed ate of filing.)	i, the date must be sponsible this block does not n	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 deneet the applicable statutory filing requirements, this date will not be of State's records.
ICLE VI: Other provis	ions, if any.	
REQUIRED SIG	NATURE:	
	his document is execu	ember or an authorized representative of a member.  ted in accordance with section 605.0203 (1) (b), Florida Statutes.  e information submitted in a document to the Department of State
I a	institutes a third degre	e felony as provided for in s.817.155, F.S.

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)