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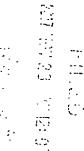
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700306087427

11/28/17--01039--003 **125.00



<u>:</u>:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	lity Company is:	
	- Kichard	Weems Construction, LLC
(Must co	ntain the words "Limited Liability Co	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal office of the	Limited Liability Company is:
<u>Princ</u>	ipal Office Address:	Mailing Address:
56 Quail	Ct. Crawfordvillet	1. 56 Quail Ct Crawford : 11e, F(
ARTICLE III - Registered A	gent, Registered Office, & Register	ed Agent's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & Registerny cannot serve as its own Registered nactive Florida registration.)	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & Register ny cannot serve as its own Registered n active Florida registration.)	ed Agent's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & Register ny cannot serve as its own Registered n active Florida registration.)	ed Agent's Signature: Agent. You must designate an individual or No. 1000 - 10
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & Register by cannot serve as its own Registered active Florida registration.) et address of the registered agent are: Name 56 Qual	ed Agent's Signature: Agent. You must designate an individual or i

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)

COVER LETTER

TO:

New Filing Section

٠.

Division of Corporations			
SUBJECT: ASW LEC Richard Stephen Weems, 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:			
Richard Stephen Weems			
Rame of Person Firm/Company			
Firm/Company			
56 Quall Ct			
Address			
Crawfordy: 11e FL 32327 City/State and Zip Code Pete 766 @ yahco. Com E-mail address: (to be used for future annual report notification)			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Lisa Weems at (850) 545-3929 Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 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 Circle Tallahassee, FL 32301			

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Richaed Stechen Weens

5.6 Du fill Ct.

CrawCord ville | Fl. 32327

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE 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.

Stephen Weens
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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)