(Requestor's Name) (Address)	300307554143	
(Address) (City/State/Zip/Phone #)		
	300307554143 01/16/1801001001 **125.00	
(Business Entity Name)		
(Document Number) fied Copies Certificates of Status ecial Instructions to Filing Officer:	HECHIVED	
Office Use Only		

COVER LETTER

TO: New Filing Section **Division of Corporations** SUBJECT: NORTH FLORIDA HAULING & DEMOLITION 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: GEORGE KIRKSEY TIL & ANTONIO GIDDEN'S Name of Person NORTH FIORÍPA HAULING & DEMOTITION LLC. Firm/Company MCCaSKII AVR FLA, <u>32310</u> City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANTONIO GIDDEN \$850, 210-8410 Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee \$\begin{bmatrix} \$130.00 Filing Fee & \begin{bmatrix} Certificate of Status \end{bmatrix} \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address Street Address New Filing Section New Filing Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEMOLITION L.L.C. MORTH FIORIDA HAULING (Must contain the words "Limited Liability Company, "L.L.C.) or

ARTICLE II - Address:

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

Mailing Address: **Principal Office Address** MCCGSKILLAVR

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

ANTONIO GIDDEN'S Name 1228 MCCASKIII AVR Florida street address (P.O. Box NOT acceptable) TAIL FLA 32310 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)

ARTICLE IV-

•

5

. . . .

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Mer	nber	Name and Address:	
"MGR" = Manager	MGR	GEORGE KIRF	Ser TT
		TAIL FLA	
<i>F</i>	ISST. MGR	ANTONIO GIO 1220 MCCASKIII TAIL JUA	dens AVR
		·····	
			1
			_ <u>.</u>
(Use attachment if necessary	<i>i</i>)		
ARTICLE V: Effective date, if other (If an effective date is listed, the date			. (OPTIONAL) s days prior to or 90 days after
the date of filing.) <u>Note:</u> If the date inserted in this bloc the document's effective date on the			nts, this date will not be listed as

1 i

Ľ,

 $\boldsymbol{\zeta}_{i}, \boldsymbol{\zeta}_{j}$

ARTICLE VI: Other provisions, if any,

CILLOND DATES-	1
Signature of a member or an authorized representative of a n This document is executed in accordance with section 605.0203 (1) (b) I am aware that any false information submitted in a document to the D constitutes a third degree felony as provided for in s.817.155, F.S.	, Florida Statutes.
ANTONIO GIDDENS Typed or printed name of signee	
Filing Fees:	
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Ag	ent
 \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) 	
	1