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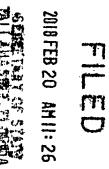
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FEB 22 2018 K. Brumbley

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Everglades Construction Group, 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:
David R. Edmonds. Name of Person
Evergladeo Con Structure Group, LLC Firm/Company
205 Ridgewood Ave
Clewiston, PL 33446 City/State and Zip Code Vedmonds 8440@amail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David R. Edmonds (50) 201-10417 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 & Certificate of Status}}\$ \$155.00 Filing Fee & Certificate of Status & Certifica

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Sections
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

THE PRINC OF the LABOURY CONDERS IS.	
Everglades Consti (Must contain the words - Limited Liability	ruction Group, LLC Company, "LL.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the control of the principal office of	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
205 Ridgewood Ave Clewiston, Fl. 33440	205 Ridge wood Ave Clewiston, FL 33440.
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business emity with an active Florida registration.)	ed Agent. You must designate an individual of S
The name and the Florida street address of the registered agent ar	سبه دی علق می
Name	
205 Ridge wood	≥ Ave. = =
Florida street address (P.O. B	ox NOT acceptable)
<u>CHEWISTOYI</u>	7 50110.
City Sta	zip 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.

(CONTINUED)

Title:		Name and Address:
	Authorized Member	
"MGR" = Ma MGR.		David & Edmonds.
11101		205 RIDARIDON AVE.
		Clewiston, FL 23440
AMB	2	David L. Edmonds
		PO BOX 3424
		Clewiston, FL 33440
AMBR		Rachel Edmonds
	<u> </u>	205 RIDGEWOOD AVE
		Clewiston, FL 33440
		·
		- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
(Use attachm	ent if necessary)	
	••	
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Filing Fces:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)