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| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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| | Filing Section sion of Corporations | | | | |
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| SUBJECT | Mis Inside | Construction | uc | | |
| DODUECT | Name | of Limited Liability Company | | • | |
| , | 1 | | | | |
| The enclosed A | Articles of Organization and fe | e(s) are submitted for filing. | | | ٠. |
| * Please return a | all correspondence concerning | this matter to the following: | | \\$\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | . अध्य ध्वयः ५ ५ |
| | Charle Moon | | | ··· | |
| | | Name of Person | | | |
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| · · · | | | | | |
| | 2818 Tax | tory Dr | : | , | |
| . <u> </u> | · · · · · · | Address | | ······································ | |
| · | Tallahassee | FL 32301 | • | | |
| | Cimoore 24 6 | City/State and Zip Code | | | |
| | | be used for future annual report | notification) | | • • |
| For further infor | rmation concerning this matter | , please call: | · · . | | |
| | harlie Moore | at (850) 273 | 1115 | | |
| · · · · · · · | Name of Person | ······································ | Telephone Number | <u> </u> | . 11th ARM (- 20) |
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| , | check for the following amoun | t: | | | • |
| \$125.00 Filing | g Fee \$130.00 Filing Fe | itus Certified Copy | Certificate | e of Status & | |
| | | (additional copy is end | | Copy copy is enclosed) | |
| | Mailing Address | Street Addr | ess | | |

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

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

THEN WHAT : MA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLES | ORGANIZATION OR PLOT | ODA LIMIT LL | LADIETTCOMTA | • | | |
|--|---|---|--|---|-------|-----------------|
| ARTICLE I - Name: The name of the Limited Liability | y Company is: | | | | | |
| Mo's I. | nside Constru | den | LLC | · | | |
| (Must conta | ain the words "Limited Liabi | lity Company | , "L.L.C.," or "LLC.") | | | |
| ARTICLE II - Address: The mailing address and street ac | ddress of the principal office | of the Limited | l Liability Company is | | | · |
| Principa | al Office Address: | • | Mailing A | ddress: | | • |
| | Maria B | · | 2818 Tax | tery 1 | | |
| Tallana | 155ep FL 32301 | | 14114445387 | 1-6 32361 | | |
| ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a | cannot serve as its own Regictive Florida registration.) | stered Agent. | nt's Signature: You must designate ar | ı individual or | >\$r. | THEFTH WESTER L |
| · · · · · · · · · · · · · · · · · · · | Charle Na | me | | | | |
| | 7818 Tall | D. Box NOT | acceptable) | ~ | | |
| • | Vallahersee | CL. | 33301 | • | | • |
| | Vallahassee City | State | Zip | - . | | • |
| laving been named as registered a lace designated in this certificate, arther agree to comply with the pring familiar with and accept the ob | I hereby accept the appointmovisions of all statutes relatingling as relations of my position as re | nent as registency to the proper gistered agent | red'agent and agree to r and complete perforn | act in this capacity. A nance of my duties, an | (4) 量 | FILED |

(CONTINUED)

345

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

Name and Address:

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Chartie Moone

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

"MGR" = Manager

"AMBR" = Authorized Member

\$ 5.00 Certificate of Status (Optional)

. Ukst sates :