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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: TIEIO RS Construction 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:
Ronald L Zeigler Jr Name of Person
76 Lean Dr.
•••
drawford ville Fla 32327 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ron Zeicler at (8:50) 274 -0219 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status S155.00 Filing Fee Certified Copy (additional copy is enclosed) \$160.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	R	ΓI	CI	JΕ	-	Name:
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The name of the Limited Liability Company is:

Two R's construction LLC
(Must contain the words "Limited Liability Company, "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:
76 Jean Dr	Scine
crawforville Tha 32327	

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:

Rend Zeisler

Name

76 Sean Dr

Florida street address (P.O. Box NOT acceptable)

dia wife dille Fla 32327

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..

Forseld Vegens
Registered Agents Signature (REQUIRED)

(CONTINUED)

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	0. 11 7 11 0
	Konak Reigher
	crowfordvile Fla 323
MG7K	
·	·
	
(Use attachment if necessary)	
LE VI: Other provisions, if any.	
DECHIDED SICKATUDE.	•
REQUIRED SIGNATURE:	4. 1.
Rasall Signature of a mend	ber or an authorized representative of a member.
Signature of a menti This document is executed Lam aware that any false in	in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a ment This document is executed I am aware that any false in constitutes a third degree for	in accordance with section 605.0203 (1) (b), Florida Statutes. Iformation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.
Signature of a menti This document is executed Lam aware that any false in	in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State clony as provided for in s.817.155, F.S.
Signature of a ment This document is executed I am aware that any false in constitutes a third degree for	in accordance with section 605.0203 (1) (b), Florida Statutes, iformation submitted in a document to the Department of State clony as provided for in s.817.155, F.S. Typed or printed name of signee
Signature of a menti This document is executed I am aware that any false in constitutes a third degree fe	in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State clony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:
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Signature of a mention of a management is executed a may also in constitutes a third degree for Regard of Section of Organ S	in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State clony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: nization and Designation of Registered Agent
Signature of a mention of a management is executed a may also in constitutes a third degree for a mention of the constitutes of the	in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State clony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:

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