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## COVER LETTER

New Filing Section TO: Division of Corporations n Builders LLC anstruc SUBJECT: imited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person Schwa Adress Hava 32333 MAI W E-mail address: (to be used for future arbitual report notification) For further information concerning this matter, please call: 508 IAMS at ( Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: \$160.00 Filing Fee, \$155.00 Filing Fee & \$130.00 Filing Fee & \$125.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address Mailing Address New Filing Section New Filing Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle. Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: rs LLC Construction Bui n 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: 1041 Schwall Havana, FL. 32 Schwall Rd na, FL. 32333

# 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:

bert L Chandler Name <u>1041</u>, <u>Schwall</u> Rd Florida street address (P.O. Box <u>NOT</u> acceptable) FL. 32333 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.

Robel Chill

stered Agent's Signature (REQUIRED

(CONTINUED)



ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager M & A
_/V/ LA K

Name and Address:

andler Havana

(Use attachment if necessary)

_. (OPTIONAL) 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.

REQUIRED SIGNATURE: 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.§17.155. F.S. · JUL 30 AMII: 11 Typed or printed name of signee FILED Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)