## L18000284760

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



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ALI AHASSEE TLOOK

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90st); r : 20 -011t8 :

## COVER LETTER

TO:

New Filing Section Division of Corporations

| SUBJECT: ALI           | \ <u></u>                                    | OM CONSTRUCTION imited Liability Company   | LLC  |
|------------------------|--|--|------|
| The enclosed Article   | s of Organization and fee(s) a               | are submitted for filing.  |      |
| Please return all corr | espondence concerning this m                 | natter to the following:   |      |
| ζ.                     |  | WENGERT  |      |
|                        |  | Name of Person   |      |
|                        |  |  |      |
|                        | -441   |  |      |
| 30                     | 80 IRONU                                     | JOOD DRIVE   |      |
|                        |  | Address  |      |
| TA                     | LLAHASSEE                                    | = IFL 32309  |      |
| (                      | duy buff 79 (                                | City/State and Zip Code  G gwail (OM)  | •    |
|                        | E-mail address: (to be used                  | d for future annual report notification)   |      |
| For further informatio | n concerning this matter, pleas              | se call:   |      |
|                        | at (   | )  |      |
| <del></del>            | ·····  | Area Code Daytime Telephone Number   |      |
| Enclosed is a check    | for the following amount:                    | ,  |      |
| \$125.00 Filing Fee    | \$130.00 Filing Fee & Certificate of Status  | Certified Copy (additional copy is enclosed)  \$160.00 Filing Fe Certificate of State Certified Copy (additional copy is enclosed) | us & |
| <u>M</u>               | ailing Address                               | <u>Street Address</u>  |      |
|                        | ew Filing Section<br>ivision of Corporations | New Filing Section Division of Corporations  |      |
|                        | O. Box 6327                                  | Clifton Building   |      |
| T                      | allahassee, FL 32314                         | 2661 Executive Center Circle   |      |

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - N: | ame: |
|----------------|------|
|----------------|------|

The name of the Limited Liability Company is:

(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: |
|---------------------------|------------------|
| 30930 IRONWOOD DR_        | Same             |
| TAUXITASSEE IF            |                  |
|                           |                  |
| I I                       |                  |

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:

3080 RONWOOD DR Florida street address (P.O. Box NOT acceptable)

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. Thereby 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)

| <u>Title:</u> "AMBR" = Authorized Member   | Name and Address:   |
|--|---|
| "MGR" = Manager  | DAVID A. WENGERT AMB<br>2000 IRONILIOD DR<br>TALLAHASSEE FL 32369   |
|  |   |
| <del></del>  |   |
|  |   |
|  |   |
| (Use attachment if necessary)  |   |
| TLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.) If the date inserted in this block does not mecument's effective date on the Department of  | of filing:  |
| CLE V: Effective date, if other than the date of effective date is listed, the date must be specte of filing.)   | eific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed                     |
| TLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.) If the date inserted in this block does not mecument's effective date on the Department of  | eeffic and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed f State's records. |
| CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)  If the date inserted in this block does not meanment's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE  Signature of a men This document is execute I am aware that any false. | eeffic and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed f State's records. |

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 (Cartificate of Status

\$ 5.00 Certificate of Status (Optional)