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## COVER LETTER

	ew Filing Section vision of Corporations			
SURIFCT	Native Construction Group, LLC			
Name of Limited Liability Company				
The enclose	ed Articles of Organization and fee(	(s) are submitted for filing.		
Please retur	n all correspondence concerning th	is matter to the following:		
	Akash R. Prashad			
		Name of Person		
		Firm/Company		
	2930 SE 3rd Court	. Kinz Geinpany		
		Address		
	Ocala, FL 34471			
a	urprashad@aol.com	City/State and Zip Code		
_	E-mail address: (to be	used for future annual report notification)		
For further in	aformation concerning this matter, p	blease call:		
	Akash R. Prashad	352 361-1357 at ()		
	Name of Person	Area Code Daytime Telephone Number		
Enclosed is	a check for the following amount:			
\$125.00 Fil	ling Fee S130.00 Filing Fee Certificate of Statu			
	Mailing Address  New Filing Section  Division of Corporations	Street Address New Filing Section Division of Corporations		

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited I	liability Company is:			
Native Constru	ection Group, LLC.			
	st contain the words "Limite	d Liability Compar	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and s	treet address of the principa	l office of the Limit	ed Liability Company is:	
<u>P</u> :	rincipal Office Address:		Mailing Ado	<u>lress</u> :
2930 SE 3rd C	ourt		O. Box 5190	
Ocala, FL 344	71	<u> </u>	cala, FL 34478	
The name and the Florida	street address of the registe  Akash R. Prashad	Name		
	2930 SE 3rd Court Florida street add	ress (P.O. Box <u>NO</u> )	[ acceptable)	
	Ocala	FL	34471	
	City	State	Zip	
place designated in this cert further agree to comply with	stered agent and to accept se ificate, I hereby accept the a the provisions of all statute, the obligations of my position. Reg	ppointment as regis s relating to the prof on as regi <del>stered a</del> ge	tered agent and agree to ac per and complete performa	t in this capacity. I nce of my duties, and I
		(CONTINUE)	D)	1

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR, AMBR	Akash R. Prashad P.O. Box 5190 Ocala, FL 34478
MGR, AMBR	Scott Oehlerking P.O. Box 5190 Ocala, FL 34478
(If an effective date is listed, the date must be s the date of filing.)	te of filing: August 15, 2019 . (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after a meet the applicable statutory filing requirements, this date will not be listed as not of State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	AP
This document is exec	member or an authorized representative of a member, suted in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.

Akash R. Prashad

Typed or printed name of signee

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)

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