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(Regi	uestor's Name)	
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PICK-UP	TIAW [MAIL.
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC	r: Ricketson Name of Lin	Construction LLC mited Liability Company
The enclo	sed Articles of Organization and fee(s) a	re submitted for filing.
Please ret	urn all correspondence concerning this m	atter to the following:
	1700 Blan	nding B/Vd. #72
-	Licksonville	Address J
	Mannyricke	City/State and Zip Code (Son a Union Code Ed for future annual report notification)
For further	information concerning this matter, plea	ase call:
Gun	anvelolic (cetserate) Name of Person	Area Code Daytime Telephone Number
Enclosed	I is a check for the following amount:	
S125.00	Filing Fee \$\int \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	S\$155.00 Filing Fee & S\$160.00 Filing Fee. Certified Copy (additional copy is enclosed) 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

ARTICLE I - Nav	ne:	
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The name of the Limited Liability Company is:

Collection Construction L. L.C. (Nest contain the words "Limited Liability Company, "L.L.C." or "L.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1242 Plant - Blad # 72	2 1700 Blanding Blud # 72
1 100 31 and (ng 10100	1. (can ville F1 32210
Jacobson	

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.)

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

200 OCT 15 AMILLY

<u>Title:</u> "AMBR" = Authorized Member <u>"MG</u> R" = Manager	Name and Address:
	1700 Bland maBlud #172 Jecksony 12 PL 32210
	
	
he date of filing \	eet the applicable statutory filing requirements, this date will not be liste
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is execut I am aware that any talse	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felonyas provided for in \$.817.155, F.S.
EMMAN	Typed or printed name of signce

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)