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COVER LETTER

	v Filing Sec ision of Cor			
SUBJECT:		wes Russ Name of Lim	Construction (C	<u> </u>
The enclosed	l Articles of	Organization and fee(s) are	submitted for filing.	
Please return	all correspo	ondence concerning this mat	tter to the following:	
		James E	Russ Name of Person	
-		James 1	RUSS Censtrus Firm/Company	ian
-		791 Upper		
-	Λα	Mon cà iell	10 FL 32344 ity/State and Zip Code	
_			for future annual report notificat	ion)
For further int		ncerning this matter, please		
-	Nam	te of Person Ar	rea Code Daytime Telephon	834 e Number
Enclosed is a	i check for t	he following amount:		
□\$125.00 F	Filing Fee	First 130,00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailir	g Address	Street Address	

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 Liability Company is:	
Tames Russ Constrution 1 (Must conatin the words "Limited Liability Co	
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
791 Upper Cody not monericallo, for 32344	Sinc
ARTICLE III - Registered Agent, Registered Office, & Registe (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	

Name

791 Upper Cary Rd

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

Marciedlo FL 32344

City 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:		Name and Address:
"AMBR" = Authoriz	d Member	
"MGR" = Manager		
Wais		Tal sport Code Ret
		Marrivello: FL 323911
•	_	
-		
(Use attachment if ne	cessary)	
RTICLE V: Effective date, i	other than the date of	of filing:
	ie date must be spe	cific and cannot be more than five business days prior to or 90 days after
he date of filing.)	era katalan da alam arawa	
<u>Note:</u> If the date inserted in the document's effective date		neet the applicable statutory filing requirements, this date will not be listed a
ne document s'effective date	on the Department (of State's records.
RTICLE VI: Other provision	s, if any,	
<u>-</u>	•	
REQUIRED SIGNA		ko .
	Ham	ed Russ
	Signature of a mer	mber or an authorized representative of a member.
This	document is execut	ed in accordance with section 605.0203 (1) (b). Florida Statutes.
Lam	aware that any false	information submitted in a document to the Department of State
const	itutes a third degree	felony as provided for in s.817.155, F.S.
	_	Times Rocc
	-	Typed or printed name of signee
		Alexan langer mane or affines
		Filing Fees:

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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