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	(Requestor's Name)	· · · · · · · · · · · · · · · · · · ·
İ	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
	PICK-UP WAIT	MAIL
<u> </u>	(Business Entity Name)	
	, , ,	
- i	(Document Number)	
Certified ⁽	Copies Certificates of S	Status
Special	Instructions to Filing Officer:	
ļ		
	Office Use Only	

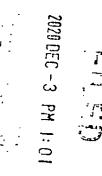


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CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222 FAS Underground Utilities LLC Art of Inc. File_____ LTD Partnership File_____ Foreign Corp. File_____ L.C. File _____ Fictitious Name File_____ Trade/Service Mark_____ Merger File_____ Art, of Amend, File_____ RA Resignation_____ Dissolution / Withdrawal_____ Annual Report / Reinstatement_____ Cert. Copy_____ Photo Copy_____ Certificate of Good Standing Certificate of Status_____ Certificate of Fictitious Name_____ Corp Record Search_____ Officer Search_____ Fictitious Search_____ Fictitious Owner Search_____ Signature Vehicle Search____ Driving Record_____ UCC 1 or 3 File_____ Requested by: Seth 12/03/20 UCC 11 Search_____ Date Time Name UCC II Retrieval_____

Courier____

Walk-In

Will Pick Up _

COVER LETTER

TO:	New Filing Secti Division of Corp				
CUDIE	ect.	FAS UN	DERGROUND	UTILITIES LLC.	
SUBJE		Name	of Limited Liab	lity Company	
The en	closed Articles of (Organization and fee	e(s) are submitte	d for filing.	
Please	return all correspon	ndence concerning t	his matter to the	following:	
	MALGORZA	TA J KON			
			Name o	of Person	
	C/O KON &	ASSOCIATES, LL	С		
			Firm/C	Сотралу	
	2131 HOLLY	WOOD BLVD, SI	JITE 507A		
			Ade	dress	
	HOLLYWO	OD, FL 33020			
	enamariarom2	002@gmail.com	City/State	and Zip Code	
			e used for future	annual report notification	on)
For furt	her information cor	ncerning this matter,	, please call:		
	Malgorzata J	Kon	954 _at (536-8984	
	Nam	e of Person		Daytime Telephone	e Number
Enclos	sed is a check for th	ne following amount	t:		
□\$12	25.00 Filing Fee	■\$130.00 Filing Certificate of Sta	tus Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	FAS UNDERGROUN	D UTILITIES LLC.				
(Must contr	ain the words "Limited L	iability Company, "L	.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ad	ddress of the principal of	ffice of the Limited Li	ability Company is:			
<u>Princip</u>	al Office Address:		Mailing Add:	<u>'ess</u> :		
1960 MAYO ST. HOLLYWOOD, FL	33020		MAYO ST. YWOOD, FL 33020			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	y cannot serve as its own active Florida registration address of the registered	Registered Agent. Yon.) agent are: A ALEXANDRU	ou must designate an in	dividual or	2020 DEC	
		Name			DEC	, j
	1960 MAYO	ST, s (P.O. Box <u>NOT</u> acc	entable)		ယ်	
			33020	÷	PH	1 4 <u>‡</u>
	HOLLYWOOD	FLORIDA	33020	<u></u>		12.70
		FLORIDA State	Zip	; -		

<u>Title:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	ANAMARIA ALEXANDRU
	1960 MAYQ ST.
	HOLLYWOOD, FL 33020
	
EV: Effective date, if other than the detective date is listed, the date must be of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
fective date is listed, the date must be of filing.) If the date inserted in this block does no ament's effective date on the Department.	specific and cannot be more than five business days prior to or you to meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the dective date is listed, the date must be of filling.) The date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or you to meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the dective date is listed, the date must be of filling.) The date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or you or meet the applicable statutory filing requirements, this date will not ent of State's records.
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E V: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is extended a may aware that any foconstitutes a third department.	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. ANAMARIA ALEXANDRU