Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H210002031833ABCU

To:					r o
10.	Division of Corporations				
	Fax Number : (850)617-638	31		: -	
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From:	Account Name : LICENSES ETC	TAIC			2: 48
	Account Name : LICENSES ETC Account Number : I20070000159	•		생활을	Q1
	Phone : (239)777-102			• * *	
	Fax Number : (877)275-359	33			
anı	the email address for this busined report mailings. Enter only all Address: SUPPORT@L		ress pleas		
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Electronic Filing Menu

Corporate Filing Menu

Help

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SUBJEC		NERAL CONTRAC	rors i	LC				
SUBJEC	۶۱: <u></u> _	Name	of Limi	ted Liabil	ity Company			
The enc	osed Articles of	Organization and fee	(s) are	submitted	for filing.			
Please n	turn all correspo	ondence concerning t	his matt	ter to the f	following:			
	LISA ADAN	4S						
		<u> </u>		Name of	Resm		•	-
	LICENSES	ETC., INC.						
				fimth	npily			-
	27911 CRO	WN LAKE BLVD S	UITE 2	11				
				Att	CSS.			-
	BONITA SF	RINGS, FL 34135						•
	SUPPORT@	LICENSESETC.CO		y/State an	d Zip C ole			
		E-mail address: (to be	used f	or future a	nnual report notificati	ion)		
For furthe	r information co	ncerning this matter.	please	call:				73
	LISA ADAN	18	239 at (777-1028			Ari IU:
	<u> </u>	of Person		a Code	Daytime Telephon	e Number	6.	_
Enclose	d is a check for t	he following amount	:					
□\$125	00 Filing Fee	S130.00 Filing Certificate of Stat		Certiti	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Certificate Certified C (additional co	of Status & opy	È
		ngAddress iling Section			Street Address New Filing Section D	ivision		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

L & E GENER	AL CONTRACTORS LLC			
(Mua	n contain the words "Limited Lia	ability Company, "	'L.L.C.," or "LLC.")	
RTICLE II - Address:				
e mailing address and st	treet address of the principal offi	ce of the Limited I	Liability Company is:	
<u>P</u> 1	rincipal Office Address:		Mailing Address:	
8608 FALISTO) PLACE	8608	FALISTO PLACE	
	S, FL 33912	FOR	T MYERS, FL 33912	
FORT MYER	4, 1 to 22/10		T.M. F.G.K.D., (15.75715	
ICLE III - Registere Limited Liability Cor er business entity wi	ed Agent, Registered Office, & upany cannot serve as its own R th an active Florida registration.	Registered Agent egistered Agent Y	t's Signature:	al or
TICLE HI - Registere the Limited Liability Con other business entity wi	ed Agent, Registered Office, & appany cannot serve as its own R th an active Florida registration, street address of the registered a LOURDES MCLEOD	Registered Agent Y) gent are.	t's Signature:	
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AMBR" = Authorized Member MGR" = Manager	Name and Address:
AMBR	LOURDES MCLEOD
	- :::
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