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COVER LETTER

TO: New Filing So Division of Co			
TK Const	ruction Services, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	of Organization and fee(s) are	e submitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
Tad Buzick			
		Name of Person	
TK Constru	oction Services, LLC		
		Firm/Company	
1326 Lawn	dale Road		
		Address	
Tallahassee	, Florida 32317		
Paffords5@g		ity/State and Zip Code	
	E-mail address: (to be used	for future annual report notificat	ion)
For further information co	oncerning this matter, please	call:	
Tad Buzick	85 at (0 545-1503	
Nar	·· -	rea Code Daytime Telephon	
Enclosed is a check for	the following amoum:		
□\$125.00 Filing Fee	□\$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)
	ng Address Filing Section	Street Address New Filing Section Di	ivision

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	Α	KHU	, L, F,	1 - 7	vame
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The name of the Limited Liability Company is:

TK Construction Services, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1326 Lawndale Road	1326 Lawndale Road
Tallahassee, FL. 32317	Tallahassee, FL 32317

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.)

The name and the Florida street address of the registered agent are:

	Name	
1326 Lawndale Roa	d	
Florida street addre	ss (P.O. Box <u>NOT</u> acc	ceptable)
Tallahassee	<u>Florida</u>	32317

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.

(CONTINUED)

Registered Agen's Signature (REQUIRED)

(1)

ARTICLE IV-

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

'MGR" = Manager	
AMBR	Kay Pafford 1327 Lawndale Road Tallahassee, Florida 32317
<u></u>	
<u> </u>	
V: Effective date, if other than the c tive date is listed, the date must be	date of filing:
V: Effective date, if other than the of tive date is listed, the date must be filing.) he date inserted in this block does not ent's effective date on the Department.	especific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will not
V: Effective date, if other than the cative date is listed, the date must be filing.) the date inserted in this block does not ent's effective date on the Department's Other provisions, if any.	ot meet the applicable statutory filing requirements, this date will not ent of State's records.
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Filing.) he date inserted in this block does nent's effective date on the Departmeter. VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a This document is exert am aware that any file.	ot meet the applicable statutory filing requirements, this date will not ent of State's records.
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V: Effective date, if other than the outive date is listed, the date must be filing.) he date inserted in this block does nent's effective date on the Department's effective date of the Department's effective date of the Department's effective date on the Department's effective date of the Depa	member or an authorized representative of a member. recuted 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.

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