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2021 SEP - 1 AM 10: 14 SECRETARY OF STATE

## \* ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of	the Limited Liability Company is:
	Eure Construction LLC
	(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

Principal Office Address:	Mailing Address:
702 GIEVE AVE	464 Hollywood St
Holly HILL FL	comound beach FL
	32,76

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:

RonJon	ture	
	Name	
464 4	tolly wood st	
Florida street a	nddress (P.O. Box <u>NOT</u>	acceptable)
orm and b.	each Fi	32176
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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

2021 SEP -1 AM 10: 14 SECRETARY OF STATE ARTICLE IV-

T. J. Mar. 18.2

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

"AMBR" = Manager  Render Euro Correction of Filing:  (Use attachment if necessary)  (Use attachment if necessary)  (Use attachment if necessary)  (Interest of the second	(Use attachment if necessary)  TICLE V: Effective date, if other than the date of filing:	
(Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 or date of filing.)  out: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not e document's effective date on the Department of State's records.  RTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:    Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felonyas provided for in s.817.155, F.S.  Typed or printed name of signee  Filling Fees:	(Use attachment if necessary)  FIGLE V: Effective date, if other than the date of filing: OS 24/21 (OPTIC neffective date is listed, the date must be specific and cannot be more than five business days pr late of filing.)  e: If the date inserted in this block does not meet the applicable statutory filing requirements, this of document's effective date on the Department of State's records.  FIGLE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florid I am aware that any false information submitted in a document to the Department on the constitutes a third degree felony of provided for in s.817.155, F.S.  Typed or printed name of signee	
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\$ 5.00 Certificate of Status (Optional)		er. ida Statutes.