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SECRULARY OF STATE

COVER LETTER

New Filing Section Division of Corporations

TO:

SUBJECT: ELLiott Al	Luminum Co	instruction
Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Robert W	ELLI ott	JR
	Name of Person	
Elliote Alymin	m Constructi	on LLC
	Firm/Company	
5638 13th.	Street	
	Address	-
Zephyrhills	, FL 335	42
Zephyrhills bobus 54@	ity/State and Zip Code	
E-mail address: (to be used	for future annual report notificati	on)
For further information concerning this matter, please	call:	
Robert EllioT at 1	727 , 385-8	105
	ea Code Daytime Telephone	
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address	
New Filing Section	New Filing Section Di-	
Division of Corporations	The Centre of Tallaha	
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTIULE I - Name	ICLE I - Nar	ne:
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The name of the Limited Liability Company is:

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

Mailing Address:

ARTICLE II - Address:

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

Principal Office Address:

5638 13th Street 5638 13th Zephyrhills, FL Zephyrhills	Street S.Fi
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 incanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: Robert w Elliott JR	DEC 13 RETARY AHASSE
Name 5638 13 th Street Florida street address (P.O. Box NOT acceptable)	ED PM 1:32 OF STATE F. FLORIDA
Zephyrhills, FL 33542	32 TE

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)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Robert W Elliott JR 5638 13M Street SEPHYT WILLS FL 33542
	2021 DEC 1 SECRETA TALLIAHAS
	SEE, FLORID
the date of filing.)	pecific and cannot be more than five business days prior to or 90 days after
Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be listed as t of State's records.
REQUIRED SIGNATURE:	
This document is execu I am aware that any fals constitutes a third degree	nember of an authorized representative of a member. Inted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S. Dect WELLIOT JR Typed or printed name of signee
	Typed or printed name of signee

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)