

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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T. SCOTT

APR - 6 2022



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COVER LETTER

TO: New Filing Section Division of Corporations

1 Son's Construction LLC SUBJECT:

The enclosed Articles of Organization and tee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Josh Clark Amy ilover Clark and Sons Construction Shuler Ct assee FL 323 Cirv/State and Zip Code tions 44@ amail. (om E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

) Clark 1(850, 274-7421 Daytime Telephone Number

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) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED (JABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Vark and sorts Construction 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:
5005 Shuler (ft	SAME
Tailanassee FL 32304	

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:

Amy Glaver	
5005 Shuler Ct	
Florida street address (P.O. Box NOT a	cceptable) 37304
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..

Hegistered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager AMB ida

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: $\underline{\Box}$ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REOUIRED 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 felony as provided for in s.817.155, F.S.

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 5.00 Certificate of Status (Optional)