L22000428127

(Requestor's Name)	
(,	Address)	
(,	Address)	
	03-101-1-101 (I)	
(1	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
_		_
- (Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions to	Filing Officer:	
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000395416100

S. CHATHAM OCT - 5 2022

10/05/22--01014--012 **130.00



COVER LETTER

TO:	New Filing Sec Division of Co			
SUBJE	ct: G	LOVERS CONSTR	WCTION LLC	
		Name of Li	mited Liability Company	
The enc	closed Articles of	Organization and fee(s) a	ire submitted for filing.	
Please r	eturn all correspo	ondence concerning this n	natter to the following:	
		RECTNALD G	HNER	
			Name of Person	
		GLOVERS CO.	NSTRUCTION 446 Firm/Company	
			Firm/Company	
		271 MT PL	Address	_
			Address	
		AUINCY FL	32352	
		<u> </u>	32352 City/State and Zip Code	
		C-LOVER STAVE	CKING 421 AT GMAIL	com
			d for future annual report notificati	
For furth	er information co	oncerning this matter, plea	ise call:	
	REST	VALO GLUER	950 V 510.9091)
	Nan	ne of Person	Area Code Daytime Telephon	e Number
Enclose	ed is a check for	the following amount:		
□\$125	5.00 Filing Fee	✓S130.00 Filing Fee Certificate of Status	& \[\sumsymbol{\subset} \sumsymbol{\subset} \superstructure{\subset}	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	<u>M</u> aili	ng Address	Street Address	
	New I	Filing Section	New Filing Section D	
		ion of Corporations	The Centre of Tallahi 2415 N. Monroe Stre	
		3ox 6327 nassec, FL 32314	Tallahassee, FL 3230	*** ***** = *

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FL	NERS CONST	RUCTION L	-4C	
	n the words "Limited Li			
ARTICLE II - Address: The mailing address and street add	trove of the principal aff	ice of the Limite	ed Liability Company is:	
The training address and street add	ness of the principal of	ice of the Emilie	d manny bempuny w	
<u>Principal</u>	Office Address:		Mailing Address:	
271 MT P2	LEASANT RO 32352		271 MT PLEASANT QUINCY FL 3233	<u> </u>
<u> BUINCY FC</u>	52352	_	CHINGS FC 323-	22 0
ARTICLE III - Registered Ager (The Limited Liability Company canother business entity with an ac	annot serve as its own I tive Florida registration	Registered Agent	ent v Signature: L. You must designate an individual	COAPE COAPE
	AEGINALL			3: 23
	- VIRON	Name		. 33 July 1
	271 MT 8	LEAS ANT	RD	
	Florida street address		acceptable)	
	QUINCY	R	32352	
	City		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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	ALGINALO GLOVER.
	271 MT OLEASANT ED
	NUINCY EC 32352
	·
	22 OCT
	filing: (OPTIONAL)
(Use attachment if necessary)	
	filing:
ate of filing.)	fic and cannot be more than five business days prior to or 90 days of the applicable statutory filing requirements, this date will not be listate's records.
ICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	U Sh_
This document is executed I am aware that any false ir	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
REGI	TWACP GWER Typed or printed name of signee
	Typed or printed name of signee
	Filing Fees: nization and Designation of Registered Agent

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)