



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Concerns		
	Division of Corporations Fax Number : (850)617-6381		
From:			
	Account Name : LAZARUS CORPORATE FILING	SERVICE INC	
	ACCOUNT NUMBER : 120000000019		
	Phone : (305)552-5973 Fax Number : (305)675-5944		
**E	nter the email address for this business end	tity to be used for future	
	annual report mailings. Enter only one em	ail address please.**	
	Email Address:		
	FLORIDA LIMITED LIABI	LITY CO.	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ank Construction Services LLC

ARTICLE II - Address:

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

Coral dub Dr, Coral Springs FL 33071 <u>.</u> 1.5 ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability •• •• сh Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Ç.) 010 dr

ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

Romero Scinchez Jmuel

2.0

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Depastment of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

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 age se 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 ager t as provided for

in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)