L23000542540

(F	Requestor's Name)	
	Address)	
·	ŕ	
(4	Address)	_
(C	City/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
(-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(0	Pocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
!		

Office Use Only



200419577112

12/01/23 - 01/04--004 **129.00

RECEIVED

2023 DEC -8 PM 1: 16

DIVISION OF CORPORATIONS

DIVISION OF SEE, FLORIDA

10230EC-8 PH 1-22

COVER LETTER

SUBJECT:	1 Constru	iction LL	(
-	Name of Lim	ited Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
Kel	vin Norton	<u>Jr</u>	
		Name of Person	
		Firm/Company	
2074	Midyette P	OCICL Apt 711 Address	
Tallo	Hasser F	-C. 3030) tv/State and Zip Code	
Nortank	selvin19 @ama	for future annual report notificati	on)
For further information co	ncerning this matter, please	call:	
Kelvi	me of Person Ar	rea Code Daytime Telephon	e Number
Enclosed is a check for t	he following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

TO:

New Filing Section Division of Corporations

> 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 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - 3	Name:
---------------	-------

The name of the Limited Liability Company is:

Must contain the words "Limited Liability Company "L. C. " or "L. C.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2014 Miduette Road	Same
Act Ju	
Tallahassee FL 3230/	

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:

Kelvin Norton Jr.

Florida street address (P.O. Box NOT acceptable)

Talla Fi 30361

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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

1030E 8 PM 122

<u>Title:</u> "AMBR" = Authorized Member	Same and Address:
"MGR" = Manager	
AMBR	Kelvin Norton Jr.
	2014 Midyelle Ed. MA Apt 711
18 0 4 00 00	Talla, Fl. 32301
<u> </u>	Tawanne Footra an
	2074 Midyette Rot Apt 711
	Tallahassee, Fr 323U
	1,000
(Use attachment if necessary)	
E V. Effective data if after done of	he date of filing: (OPTIONAL)
ective date is listed, the date must	t be specific and cannot be more than five business days prior to or 90 da
of filing.)	2 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	is not meet the applicable statutory filing requirements, this date will not be
ment's effective date on the Depar	tment of State's records.
E VI: Other provisions, if any.	

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.

Helvin Norton

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)

REQUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)