L24000047237

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2024

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Anderson Construction a Name of Limited Li	nd laber LLC ability Company
The enclosed Articles of Organization and fee(s) are submi	itted for filing.
Please return all correspondence concerning this matter to	the following:
Calen Anderson	
Nam	ne of Person
Firm	n/Company
21 Forkside Cirole Mar	
-	Address
Crawfordville Florida 3	2327
Charfordwille Florida 3 City/Stat FLC. Work our (1) mail Good E-mail address (dio be used for fur	te and Zip Code
E-mail address: (go be used for fur	ure annual report notification)
For further information concerning this matter, please call:	
Cally Anderion at (859	411-6137
Name of Person Area Co	de Daytime Telephone Number
Enclosed is a check for the following amount:	
□S125.00 Filing Fee □S130.00 Filing Fee & □Certificate of Status C	#\$155.00 Filing Fee & □\$160.00 Filing Fee, certified Copy Certified e of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Alaberson Constitution and labor LLC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	

ARTICLE II - Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

Principal Office Address:	Mailing Address:
M partirile Circle Conneferentine FL 32327	St purto de circle Componduito 12/32327

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:

Caleb Ander	50 n	
-	Name	·
XI packside	<i>O:P5∫t</i> ess (P.O. Box <u>NOT</u> ac	
Floridå street addre	ess (P.O. Box <u>NOT</u> ac	rceptable)
CharterWille	Florita	3:327
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)

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

"AMBR" = Authorized Member "MGR" = Manager MGR		
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(Use attachment if necessary)		
ument's effective date on the Department of	eet the applicable statutory filing requirements, this date will not be of State's records.	list
LE VI: Other provisions, if any.		
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		_
REOUIRED SIGNATURE:		
	2(1)_	
REOUIRED SIGNATURE: Gald Signature of a mer	mber or an authorized representative of a member.	
REOUIRED SIGNATURE: Signature of a mer This document is execute I am aware that any false	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State	
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