# UTSHOWDH276

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Special Instructions to Filing Officer:

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TO:	New Filing Section Division of Corpora	tions					
SUBJE		NERAL CONTRAC	TING LLC				
SOBJE	C1	Name of Li	mited Liabili	ty Company		-	
The enc	losed Articles of Organ	nization and fee(s) ar	re submitted	for filing.			
Please r	eturn all corresponden	ce concerning this m	atter to the fo	ollowing:			
	ADRIAN MIDDI	ETON, ESQ					
			Name of	Person			<del></del>
	SWORD & SHIE	LD LLC					
			Firm/Co	npany		<u>-</u>	
	1437 MARKET S	<b>T</b>					
	<del></del>		Addre	ess	<u> </u>		_
	TALLAHASSEE	FL 32312					
		(	City/State and	I Zip Code			_
	BIZ@SWORDAN	DSHIELD.COM					2(
	E-mai	l address: (to be used	d for future a	nnual report notification	on)	7	174 H
For furthe	er information concern	ing this matter, pleas	se call:			7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	2024 HAR 27
	ADRIAN MIDDL	ETON, ESQ 8	50	815 0256		188.	
	Name of P		Area Code	Daytime Telephone	Number		PH 3: 38
Enclose	d is a check for the fol	lowing amount:				' <del> </del>	38
■\$125		\$130.00 Filing Fee &	Certific	i.00 Filing Fee & ed Copy of Copy is enclosed)	□\$160.00 Certificat Certified ( (additional c	e of Statu Copy	s &
	Saluttius A. A.	•		Canna a didinan			

### Mailing Address

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address</u> 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

DICE	LOW CHAID AT COMPRACTIAC T	C	
BIOE	LOW GENERAL CONTRACTING LI (Must contain the words "Limited I	·—··	"L.L.C.," or "LLC.")
	(iviasi contain the words issumed i	morney company.	index or buc.
ARTICLE II - A			
The mailing addr	ess and street address of the principal of	fice of the Limited	Liability Company is:
	Principal Office Address:		Mailing Address:
			AME
4224	S COLONY TER	<- S	APH.
	S COLONY TER OSASSA, FL 34446	<u>&lt;- S</u>	
ARTICLE III - (The Limited Lia	OSASSA, FL 34446  Registered Agent, Registered Office, a bility Company cannot serve as its own	& Registered Ager Registered Agent.	nt's Signature:
ARTICLE III - (The Limited Lia another business	OSASSA, FL 34446 Registered Agent, Registered Office, o	& Registered Ager Registered Agent. `	nt's Signature:
ARTICLE III - (The Limited Lia another business	OSASSA, FL 34446  Registered Agent, Registered Office, a bility Company cannot serve as its own entity with an active Florida registration	& Registered Ager Registered Agent. 'n.) agent are:	nt's Signature:
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ARTICLE III - (The Limited Lia another business	OSASSA, FL 34446  Registered Agent, Registered Office, a bility Company cannot serve as its own entity with an active Florida registration Florida street address of the registered SWORD & SHIELD	& Registered Ager Registered Agent. ' n.) agent are: LLC Name	nt's Signature: You must designate an individual or

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. Is further agree to comply with the provisions of all statutes relating to the proper and complete performance of my diffies, and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.Ş.;

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## 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 BRIAN A BIGELOW 4224 S COLONY TER MGR HOMOSASSA, FL 34446 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (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 States constitutes a third degree felony as provided for in s.817.155, F.S.

KAREN ARIZA

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)

\$ 5.00 Certificate of Status (Optional)