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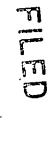
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	Address)			_
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((City/State/Z	ip/Phone #)	-	
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PICK-UP		WAIT	MAIL	
(F	3usiness Er	ntity Name)		
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Certified Copies	C	Certificates o	of Status	
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Special Instructions to F	iling Officer	r:		

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corpo			
SUBJECT: BUE	Name of Limited	EH CONSIN	uction LLC
The enclosed Articles of Or	ganization and fee(s) are sul	omitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
Bu	DDY BEN	MEH ame of Person	
Bud	DY BENA	CH Cong	Arzuction 1
4600	Y RUSSELL	POTYD LIU Address	- P
TALLA	haste Fr	OPIDA State and Zip Code	33030 99
E-n	nail address: (to be used for	future annual report notification	
For further information conce	erning this matter, please cal	I:	
BUDDY (SEWMEHI (B) of Person Area (SO) 694-2 Code Daytime Telephone	
Enclosed is a check for the	following amount:		
	(a (2)	□\$155.00 Filing Fee & Certified Copy dditional copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing 2		Street Address	
New Filir Division	ng Section of Corporations	New Filing Section Div The Centre of Tallaha	
P.O. Box	6327	2415 N. Monroe Stree	t, Suite 810
Tallahass	ee, FL 32314	Tallahassee, FL 32303	•

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	Constanc	tions	
Must contain the words "Limited Liability Com		LC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Li	mited Liability Company is:		
Principal Office Address:	Mailing Address:		
409 BUGEL POND CRI	HUCA RUSSE	-11 PONIT) LM.
TAMAKA SIEE FLORISA	TAMARASEET	=(ORIDA	
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)			
The name and the Florida street address of the registered agentage:		24 S	
Burry	EN/VEH	2024 SEP -9	
HIOCH RUSEI Florida street address (P.O. Box N	CPONBLN. OT acceptable)	AH 9:	
TAILAhASSEE F	20303	- FE	
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)

Title: "AMBR" = Authorized Member	thorized to manage and control the Limited Liability Company: Name and Address:
"MGR" = Manager MGP	BUDDY BENDETH - 4009 RUSSELL PONID (11 35303
(Use attachment if necessary)	2024 SEP
ARTICLE V: Effective date, if other than the date If an effective date is listed, the date must be spe he date of filing.)	of filing:
ARTICLE VI: Other provisions, if any.	
This document is execut 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 e felony as provided for in s.817.155, F.S. 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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)