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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: SITE CONTROL, LLC

Enclosed is:

1 original and 1 copy of ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY.

\$100.00 Filing fee for Articles of Organization
\$ 25.00 Designation of Registered agent
\$ 30.00 Certified Copy
\$ 5.00 Certificate of Status
\$ 160.00 Total

From: James D Syse
515 Diane Circle
Casselberry, Florida 32707
Work Phone 407 695 4560
Home Phone 407 623 3936

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SITE CONTROL, LLC

ARTICLE II - Address:

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

515 DIANE CIRCLE, CASSELBERRY, FL. 32707

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

JAMES D. SYSE
Name
515 DIANE CIRCLE
Florida street address (P.O. Box NOT acceptable)
CASSELBERRY FL 32707
City, State, and Zip

CLERK OF COURT
TALLAHASSEE, FLORIDA

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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 608, F.S.

James D. Syse
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

James D. Syse
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JAMES D. SYSE
Typed or printed name of signee

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\$ 5.00 Certificate of Status (Optional)