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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

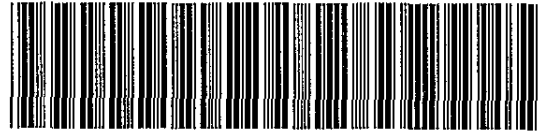
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN DEC - 5 2003

4254 Albacore Circle
Port Charlotte, fl. 33948
Phone & Fax 941-629-1517
Cell-8 am-5 pm 941- 380-8050
E-mail
Lic. # CGC-022931

.....

R. E. Standafer General Contractor

November 26, 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Fl. 32314

Dear Sir or Madam:

Enclosed are two articles of organization along with a self-addressed envelope and a check for \$ 125.00 for filing fees. I would like one copy for my records.

Thank You.

Sincerely,



R. E. Standafer

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R.E. STANDAFAER GENERAL CONTRACTOR LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

R.E. STANDAFAER
(Name of Person)

R.E. STANDAFAER GENERAL CONTRACTOR L.L.C.
(Firm/Company)

4254 ALBACORE CIRCLE
(Address)

PORT CHARLOTTE, FL. 33948
(City/State and Zip Code)

For further information concerning this matter, please call:

R.E. STANDAFAER at (941) 629-1517
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

R.E. STANDAFER GENERAL CONTRACTOR LLC

ARTICLE II - Address:

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

Principal Office Address:

4254 ALBACORE CIRCLE
PORT CHARLOTTE, FL 33948

Mailing Address:

4254 ALBACORE CIRCLE
PORT CHARLOTTE FL, 33948

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

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

R.E. STANDAFER
Name

4254 ALBACORE CIRCLE
Florida street address (P.O. Box NOT acceptable)

PORT CHARLOTTE FLORIDA 33948
City, State, and 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 608, Florida Statutes..


Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

R.E. STANDAER
4254 ALBACORE CIRCLE
PORT CHARLOTTE, FL. 33948

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

R.E. STANDAER

Typed or printed name of signee

- Filing Fees:**
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)