

L0400000 3653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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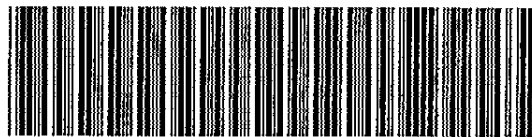
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

1/14
CWS

STEVE SACCHITELLO
1703 SW LAREDO ST.
PALM CITY, FLORIDA 34990
TELE. (772) 341-4196 - FAX (772) 597-5263

Florida Limited Liab. Co.
Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Jan. 6, 2004

RE: New Business- Florida Limited Liability Co.

To Whom It May Concern:

Enclosed please find my application for a new business (Lone Oak Contracting LLC).
I originally sent an application, certified mail on Jan. 5th, 2004, but forgot to enclose a
check.

Therefore, I have enclosed said check (and another application) in the amount of \$160.00
to cover filing fees.

If you should need further information, please contact me at above number of address.

Thank you.


Steve Sacchitello

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LONE OAK CONTRACTING 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:

STEVEN V. SACCHITELLO
(Name of Person)

LONE OAK CONTRACTING LLC
(Firm/Company)

1703 SW LAREDO STREET
(Address)

PALM CITY FLA 34990
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

STEVEN V. SACCHITELLO at (772) 341-4196
(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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

LONE OAK CONTRACTING LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1703 SW LAREDO ST
PALM CITY FLA 34990

1703 SW LAREDO ST
PALM CITY FLA 34990

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

STEVEN V. SACCHITELLO
Name

1703 SW LAREDO ST
Florida street address (P.O. Box NOT acceptable)

PALM CITY FLORIDA 34990
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..

Steven V. Sacchitello
Registered Agent's Signature
Steven V. Sacchitello

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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

"MGR"

"MGRM"

Name and Address:

STEVEN V. SACCHITELLO
1703 3RD LAREDO ST
PALM CITY FLA 34990

SUSAN SACCHITELLO
1703 3RD LAREDO ST
PALM CITY FLA 34990

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Steven V. Sacchitello - Steven V. Sacchitello
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.)

STEVEN V SACCHITELLO
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)