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| (Requ | uestor's Name) | | |
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| (Addr | ess) | | |
| (Addr | ess) | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Busi | ness Entity Nar | me) | |
| (Document Number) | | | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to Fi | ling Officer: | | |
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Office Use Only



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2005 JAN -7 PH 2: 11
SECRETARY OF STATE
ANALYSEE, FLORIDA

105-5175

TRANSMITTAL LETTER

| ŕ | TO: Registration Section Division of Corporations | | | |
|--|--|--|--|--|
| • | SUBJECT: <u>Jeff Ziesmer Installations LLC</u> (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: | | | |
| Jeff Ziesmer (Name of Person) | | | | |
| Jeff Ziesmer Installations LLC (Firm/Company) | | | | |
| 1075 Queen Rd. (Address) | | | | |
| | Venice FL 34293 (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | | |
| | Teff Ziesmer at 941 497-0504 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: | | | |
| \$ | Enclosed is a check for the following amount: \$\square \text{\$125.00 Filing Fee} \text{ \$\square \$\text{\$130.00 Filing Fee} & \$\$\square \$\text{\$\square \$\square \$\text{\$\square \$\text{\$\square \$\square \$\text{\$\square \$\square \$\text{\$\square \$\text{\$\square \$\text{\$\square \$\text{\$\square \$\text{\$\square \$\square \$\text{\$\square \$\text{\$\square \$\square \$\text{\$\square \$\square \$\text{\$\square \$\square \$\text{\$\square \$\square \$ | | | |
| | STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section | | | |
| | Division of Corporations Division of Corporations | | | |
| | 409 E. Gaines Street P.O. Box 6327 Tallahassee, Florida 32399 Tallahassee, Florida 32314 | | | |
| | | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | : |
|---|--|
| Jeff Ziesmer Installe | ations LLC |
| ARTICLE II - Address: The mailing address and street address of the p | rincipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1075 Queen Rd. Venice FL 34293 | _same. |
| ARTICLE III - Registered Agent, Registered | d Office, & Registered Agent's Signature: |
| The name and the Florida street address of the | registered agent are: |
| Jeff Ziesmer Name | <u>.</u> |
| | dress (P.O. Box NOT acceptable) |
| Venice B City, State, | FL34293 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, F.S.

Megistered Agent's Signature

(CONTINUED)

Page 1 of 2

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|---|
| MGR | Jeff Ziesmer 1075 Queen Rd. Venice FL 34293 |
| | |
| | |
| | |
| (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.)

JEFF Ziesmer

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)

SECRETARY OF STATE TALLAHASSEE, FLORIDA