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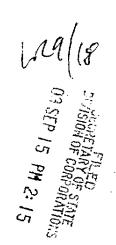
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Office Use Only



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# TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations  |  |  |
|--|--|--|
| SUBJECT: Robert A. Salsbury, P.E., 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:  |  |  |
| Paul Franson (Name of Person)  |  |  |
| Ledger Plus (Firm/Company)   |  |  |
| 150 S. University Drive, Suite C   |  |  |
| Plantation, 72 33324<br>(City/State and Zip Code)  |  |  |
| For further information concerning this matter, please call:   |  |  |
| Paul Franson at 954 472 9144  (Name of Person) (Area Code & Daytime Telephone Number)  |  |  |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |  |  |

Tallahassee, Florida 32314

Tallahassee, Florida 32399

DIVISION OF CORPORATIONS
OF SEP 15 PM 2: 15

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  |
|--|
| The name of the Limited Liability Company is:  |
| Robert A Salsburg, P.E., 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:  |
| Robert A. Salsbury, P.E., LIC (SAME)   |
| EIES SIN 1977 He Milleria  |
| Southwest Ranches, FC 33732  |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:   |
| The name and the Florida street address of the registered agent are:   |
|  |
| Robert A. Salsbury   |
| Name /   |
| 5151 SW 190th Avenue   |
| Florida street address (P.O. Box NOT acceptable)   |
| Southwest Ranches, Fr 33332 & 5  |
| City, State, and Zip   |
| Having been named as registered agent and to accept service of process for the above stated imited   |
| 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. $\frac{1}{2}$ |
| <i>i</i>   |
| / Nobest Salabury  |
| Registered Agent's Signature   |

(CONTINUED)

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

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

| Title:   | Name and Address:                        |
|--|--|
| "MGR" = Manager  |  |
| "MGRM" = Managing Member   | _  |
| and the second s | The LLC is managed                       |
|  | by its member (5)                        |
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| (Use attachment if necessary)  |  |
| NOTE: An additional article must be  | added if an effective date is requested. |
| REQUIRED SIGNATURE:  |  |
|  |  |
| X Nolie  | I Salsbury -                             |

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

Signature of a member or an authorized representative of a member.

Typed or printed name of signee

<u>Filing Fees:</u>
\$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)