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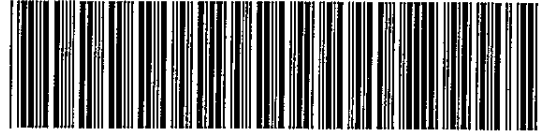
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TECHNIK PLUS 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:

PEDRO WIENKE
(Name of Person)

TECHNIK PLUS LLC.
(Firm/Company)

P.O. Box 1035
(Address)

Lehigh Acres, Fl. 33970-1035
(City/State and Zip Code)

For further information concerning this matter, please call:

Pedro Wienke at (239) 369-9011
(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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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

TECHNIK PLUS LLC.

ARTICLE II - Address:

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

Principal Office Address:

1001 Lehigh E. Rd

Lehigh Acres,

FL 33972

Mailing Address:

P.O. Box 1035

Lehigh Acres,

FL 33970-1035

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

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

PEDRO WIENKE

Name

1001 Lehigh E. Rd.

Florida street address (P.O. Box **NOT** acceptable)

Lehigh Acres, FLORIDA 33972

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

"MGRM" = Managing Member

Name and Address:

MGR

PEDRO WIENKE

P.O. BOX 1035

Lehigh Acres, FL 33970-1035

MGRM

KIM E. WIENKE

P.O. BOX 1035

Lehigh Acres, FL 33970-1035

(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(1), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

PEDRO WIENKE

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)

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