

03000049951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

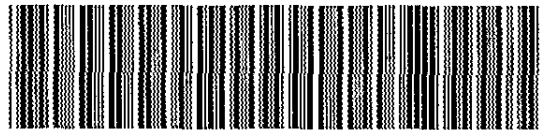
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

11/25 FL LC

Office Use Only

Gordon Lehman GAVE
AUTHORIZATION BY PHONE TO
CORRECT add Suffix "LLC"
DATE 12/4/03
DOC. EXAM 12/8/03



500024998665

11/25/03--01033--001 **125.00



FILED
03 NOV 25 AM 10:13
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ground Effects Irrigation 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:

Gordon F. Lohman II
(Name of Person)

Ground Effects Irrigation LLC
(Firm/Company)

8549 Mayall Dr.
(Address)

Jacksonville Florida 32220
(City/State and Zip Code)

For further information concerning this matter, please call:

Gordon F. Lohman II at (904) 226-3963
(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:

Ground Effects Irrigation 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:

8549 Mayall Dr.
Jacksonville FL 32220

Same

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

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


William J. Wiseman
Name

8549 Mayall Dr.
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL FLORIDA 32220
City, State, and Zip

03 NOV 25 AM 10:13
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Gordon F. Lohman II
8549 Mayall Dr.
Jacksonville FL 32220

MGR

William J. Wiseman
8549 Mayall Dr.
Jacksonville FL 32220

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Gordon F. Lohman II
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.)

Gordon F. Lohman II
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)