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TRANSMITTAL LETTER

TO:	Registration Section =					
10.	Division of Corporations					
	- -					
SUBJE	ECT: Dell Contracting, L.L.C.	_				
	(Name of Limited Liability Company)					
The en	closed Articles of Organization and fee(s) are submitted for filing.					
	Please return all correspondence concerning this matter to the following:					
	John Dell'olmo					
	(Name of Person)					
	Dell Contracting,L.L.C					
	(Firm/Company)					
	P O Box 448		_			
	(Address)					
	Wewahitchka FL 32465	8	SI AIG			
	(City/State and Zip Code)	03 NOV 26	<u> </u>			
For further information concerning this matter, please call:						
	at ()	- HA	್ಪಿಲ್ಲ ಪ್ರಶೇ			
	(Name of Person) (Area Code & Daytime Telephone Number)	: 56	315			
		.	Sign			

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

The name of the Limited Liability Compan	y is:			
Dell Contracting, L.L.C.	. - -		<u></u>	
ARTICLE II - Address: The mailing address and street address of the	he princ	ipal office of the Limited Liabili	ty Compar	ny is:
Principal Office Address:		Mailing Address:		
2900 SE Adams St	er.	P.O.Box 448		_
Kinard, Fl	_	Wewahitchka, Fl 32465		_ <u>.</u>
	٠.		03 NOV	-35 -35 -35 -35 -35 -35 -35 -35 -35 -35
ARTICLE III - Registered Agent, Regist The name and the Florida street address of John Dell'olmo			N	HIGH F STAIL
	lame			SHO
2900 SE Adams St Florida street address	s (P.O. Bo	ox <u>NOT</u> acceptable)		
Kinard City, So	tate, and Z	FLORIDA 32449		-

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

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	John Dell'olmo	
	2900 SE Adams St	
	Kinard Fl 32449	
		<u> </u>
_		03
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(Use attachment if necessary)		2 6
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		£.
NOTE: An additional article must be	added if an effective date is requested.	57
REQUIRED SIGNATURE:		
Chi V	The advantage	
Signature of a member or an au	uthorized representative of a member.	
(In accordance with section 608.4	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury	
John Dell'olmo		
Typed or prin	nted 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)