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(Re	questor's Name)		
(Ad	dress)		
(Address)			
(Cit	y/State/Zip/Phone	e #)	
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Certified Copies	Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:		
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SECHETARY OF STATE ANALYSISE IT OF STATE

W4-1146

TRANSMITTAL LETTER

	egistration Section vision of Corporations		
SUBJECT	, Michael Datsko Installation		-
	(Name o	of Limited Liability Company)	
The enclos	ed Articles of Organization and fee	e(s) are submitted for filing.	
	Please return all corre	espondence concerning this matter to the following:	
		Michael Datsko	
	(Name of Person)		
	Michael Dats	sko Installations Limited Liability Company	
		(Firm/Company)	
		15536 Waverly St.	
,		(Address)	
		Clearwater,Fl.,33760	
		(City/State and Zip Code)	
For further	information concerning this matter	er, please call:	TALE SEC
Michael I)atsko	at (727) 481-0556	<u> </u>
	(Name of Person)	(Area Code & Daytime Telephone Number)	SS <u>-</u>

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:	
Michael Datsko I	nstallations LLC		
ARTICLE II - A		e principal office of the Limited I	iability Company
Principal Office	Address:	Mailing Address:	
15536 Waverly St	14	15536 Waverly St.	
Clw.,Fl.,33760		Clw.,Fl.,33760	
	e Florida street address of t	ered Office, & Registered Agent the registered agent are:	's Signature:
	Michael Datsko	ıme	
		uir.	
	15536 Waverly St.		
	Florida street address	(P.O. Box NOT acceptable)	
	Clearwater,	FLORIDA .33760	AND THE
		ite, and Zip	
company at the place des agree to act in this capaci and complete performan	ignated in this certificate, I) ty. I further agree to comply se of my duties, and I am fam	service of process for the above st nereby accept the appointment as r with the provisions of all statutes i illiar with and accept the obligatio in Chapter 608, Florida Statutes	egistered Agent and relating to The prop
r Stemp Commissioned Name of Notary Inown ☐ OR Produced Identification Produced ☐ / Or 2 G	Registered Ag	ent's Signature	
OFFICIAL NOTARY SEAL	103 Page 1	Print, Type or Stamp Commissioned Na Personally Known ☐ OR Produced of 2 Type of I.D. Produced ☐ Por INUED)	
CASSANDRA L BROWN FARY PUBLIC STATE OF FLORID COMMISSION NO. DD174396 Y COMMISSION EXP. JAN. 3,200	i		-

To Whom It May Concern,

I,Michael Datsko,Own 100 % interest in Michael Datsko Installations,LLC.

Michael Datsko

(Print, Type or Stamp Commissioned Name of Notary Public)
Personally Known □ OR Produced Identification □
Type of LD. Produced □ FLorida □ Drivers License

OFFICIAL NOTARYSEAL
CASSANDRA L BROWN
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. DD17498
MY COMMISSION EXP. JAN. 3,2007

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	Michael Datsko 15536 Waverly St. Clearwater,Fl.,33760			
			٠	
(Use attachment if necessary)		.	0	
NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE:		SEUKETIMY OF ST	D3 DEC 29 KM S	巴巴
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.)		AGIDA TAILE	9: 02	
Michael Datsko Typed or pri	inted 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)

Personally Known ☐ OR Produced Identification ☐

Type of I.D. Produced ☐ Or Dr. Sers Licen SQ

NOTARY:

Page 2 of 2

12/26/03 OFFICIAL NOTARY SEAL
CASSANDRA L BROWN
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. DD174398 MY COMMISSION EXP. JAN. 3,2007