

LO4 000015305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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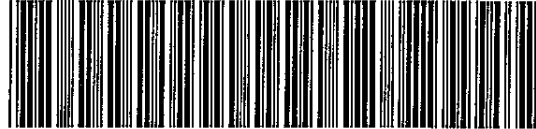
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECURITY
FALMASCET, LOUISA

MATNEY & ASSOICATES

P.O. BOX 1166
OCALA, FLORIDA 34478
USA

Phone 352-867-9797
Fax 352-867-9797

February 12, 2004

REGISTRATION SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

Dear Sirs:,

Enclosed are the Aritcles of Organization for Florida Limited Liability Company and check number #0518 in the amount of \$160.00 to cover the all filing fees

I'am having to setup this limited liability company for my contractor license to comply with the new Florida worker's compensation law.

Sincerely,



Wayne Matney

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

MATNEY & ASSOICATES LLC

ARTICLE II - Address:

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

Principal Office Address:

MATNEY & ASSOICATES LLC

1410 SE 22nd AVE.

OCALA, FLORIDA 34471

Mailing Address:

MATNEY & ASSOICATES LLC

P.O. BOX 1166

OCALA, FLORIDA 34478

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

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

WAYNE MATNEY

Name

1410 SE. 22nd AVE.

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

OCALA, FLORIDA 34471

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

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:

MGRM

WAYNE MATNEY

P.O. BOX 1166

OCALA, FLORIDA 34478

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

WAYNE MATNEY

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)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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