

W040000021280

007 89-00623-00071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

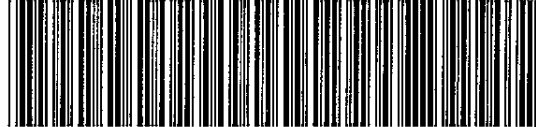
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W04-8920



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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Independent Stucco 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:

Tom Squitieri
(Name of Person)

Independent Stucco LLC
(Firm/Company)

2720 Knollwood Tr
(Address)

Eustis FL 32726
(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Squitieri at (352) 357-4014
(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 4, 2004

TOM SQUITIERI
INDEPENDENT STUCCO LLC
2720 KNOLLWOOD TR
EUSTIS, FL 32726

SUBJECT: INDEPENDENT STUCCO LLC
Ref. Number: W04000008920

We have received your document for INDEPENDENT STUCCO LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 104A00014636

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Independent Stucco LLC

ARTICLE II - Address:

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

Principal Office Address:

2720 Knollwood Tr
Eustis FL 32726

Mailing Address:

2720 Knollwood Tr
Eustis FL 32726

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

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

Tom Squitieri

Name

2720 Knollwood Tr

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

Eustis

FLORIDA 32726

City, State, and Zip

FILED
MAR 18 AM 11:16
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..

Tom Squitieri

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:

NONE

NONE

MGR

Tom Squitieri
2720 Knoxville Tr
Eustis FL 32726

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Tom Squitieri
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.)

Tom Squitieri
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)