

L04 0000 23 185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

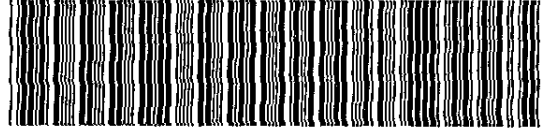
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

Tax Resolutions, LLC

WILLIAM V. REPOLI, E.A.

Post Office Box 7565

Port Saint Lucie, FL 34985

(772) 344-3755

Fax (772) 871-9767

March 12, 2004

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Gentlemen:

Please find Articles of Organization for two of our clients being sent to you for processing. Kindly forward the Certificate of Status and other documentation directly to my office so that we can complete the process by securing a EIN from the Internal Revenue Service.

Your earliest response will be deeply appreciated.

Sincerely,



William Repoli E.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 17 PM 12:40

FILED

Michael K. Schleeter
4959 S.E. Pine Ridge Way
Stuart, FL 34997

March ~~12~~ 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Michael K. Schleeter LLC - d/b/a Custom Boat Works

Gentlemen:

Enclosed herewith please find our check to cover the following fees:

Filing fees for Articles of Organization: -----	\$100.00
Designation of Registered Agent: -----	25.00
Certificate of Status: -----	5.00
Total amount enclosed: -----	\$130.00

Since we now need to establish bank accounts as well as apply for a Federal EIN, your earliest attention will be deeply appreciated.

Sincerely,



Michael K. Schleeter

SECRET
TALLAHASSEE, FLORIDA

04 MAR 17 PM 12:40

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name:

The name of the Limited Liability Company shall be:

**Michael K. Schleeter LLC
d/b/a Custom Boat Works**

ARTICLE II - Address:

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

Mail: **4959 S.E. Pine Ridge Way**

Street: **Stuart, FL 34997**

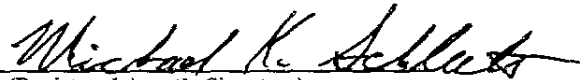
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

**Michael K. Schleeter
4959 S.E. Pine Ridge Way
Stuart, FL 34997**

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, F.S..

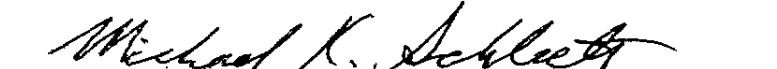
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04 MAR 17 PM 4:00
SEC. CLERK
TALLAHASSEE, FL


(Registered Agent's Signature)

ARTICLE IV - Management (check box if applicable)

X The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)


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 penalty of perjury that the facts stated herein are true.)

Michael K. Schleeter
Typed or printed name of signee

ARTICLE V - Officers

President: Michael K. Schleeter
4959 S.E. Pine Ridge Way
Stuart, FL 34997

Treasurer: Michael K. Schleeter
4959 S.E. Pine Ridge Way
Stuart, FL 34997

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SECRETARY
TALLAHASSEE, FLORIDA