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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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3-18  
WST

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DOBRUCK CONSTRUCTION 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:

WALTER J DOBRUCK II  
(Name of Person)

DOBRUCK CONSTRUCTION LLC  
(Firm/Company)

P.O. Box 1151  
(Address)

LADY LAKE, FL 32158  
(City/State and Zip Code)

For further information concerning this matter, please call:

WALTER J DOBRUCK II at 352 - 342 - 0432 (CELL)  
(Name of Person) 352 259-4534  
(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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:

DOBRUCK CONSTRUCTION LLC

ARTICLE II - Address:

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

Principal Office Address:

\* Mailing Address: \*

X 41940 OUTLAW LANE

P.O. BOX 1151

WEIRSDALE, FL. 32195

LADY LAKE, FL 32158

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

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

WALTER J DOBRUCK II

Name

X 41940 OUTLAW LANE

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

X WEIRSDALE, FLORIDA 32195

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..

X Walter J. Dobruck II

Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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

WALTER J DOBRUCK II  
P.O. BOX 1151  
LADY LAKE, FL 32158

MGRM

FAITH E. DOBRUCK  
P.O. BOX 1151  
LADY LAKE, FL 32158

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

X Walter J. Dobruck II  
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.)

WALTER J. DOBRUCK II  
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)

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TALLAHASSEE, FLORIDA

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