

L04000037927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

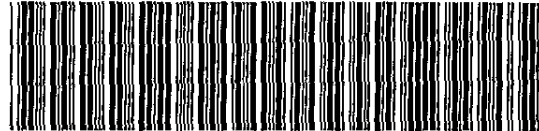
(Business Entity Name)

(Document Number)

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LC 05/19/04

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALM COAST Bids
(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:

PETER E SARBORI JR
(Name of Person)

PALM COAST Bids
(Firm/Company)

3084 SEAFARER DR
(Address)

PUNIA GORDA FLORIDA 33983
(City/State and Zip Code)

For further information concerning this matter, please call:

PETER E SARBORI JR at (941) 629-6237
(Name of Person) (Area Code & Daytime Telephone Number)

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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:

PALM COAST Blds LLC

ARTICLE II - Address:

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

Principal Office Address:

3084 SEAFARER DR
PUNTA GORDA
FLORIDA . 33983

Mailing Address:

3084 SEAFARER DR
PUNTA GORDA
FLORIDA . 33983

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

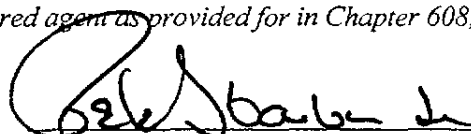
The name and the Florida street address of the registered agent are:

PETER E SORBOZI JR
Name

3084 SEAFARER DR
Florida street address (P.O. Box NOT acceptable)

PUNTA GORDA FLORIDA 33983
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

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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:

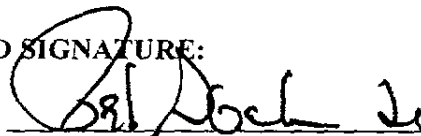
MGR

PETER E SHARBOZI JR
3084 SEAFARER DR
Punta Gorda FL 33983

(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.)

PETER E SHARBOZI JR
Typed or printed name of signee

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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)