

L040000042505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

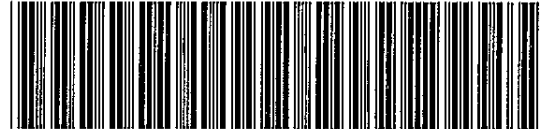
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700036983087

06/07/04 -01038--003 \*\*125.00

RECEIVED  
04 JUN -7 PM12:18  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED

04 JUN -7 PM12:18

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JUN -7 PM12:27

JB  
6-7-04

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Clyde Weirick, 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:

Clyde Weirick, LLC.  
(Name of Person)

Clyde Weirick  
(Firm/Company)

341 Deer Trl.  
(Address)

Havana, FL 32333  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 JUN -7 PM 12:28

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Clyde Weirick, 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:

Clyde Weirick  
341 Deer Trl.  
Hawanna, FL 32333

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

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

Clyde Weirick  
Name  
341 Deer Trail  
Florida street address (P.O. Box **NOT** acceptable)  
Hawanna, FL 32333  
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, F.S.

Clyde Weirick  
Registered Agent's Signature

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JUN -7 PM 12:27

(CONTINUED)

**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

Clyde Weirick  
341 Deer Trl.  
Havana, FL 32333

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Clyde Weirick

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.)

Clyde Weirick

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)

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
04 JUN -7 PM 12:28