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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: J.D. SANDBLASTING 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: JOHN DABBS (Name of Person)
Please return all correspondence concerning this matter to the following:
JOHN DABBS
(Name of Person)
(Firm/Company)
1629 CABOT LANE APPT # B8
(Address)
WELLINGTON, FL 33414
(City/State and Zip Code)
For further information concerning this matter, please call:
JOHN DABBS at (561) 502 2013
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

TO:

Registration Section

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

The name of the Li	mited Liabilit	ty Company is:				
2.7	. SAND	BLASTING	LLC			
ARTICLE II - Add The mailing addres	dress:	,		e of the Limit	ed Liabilj	ty Compan
Principal Office A	ddress:		<u>M</u> :	ailing Addres	: :s:	255/10
1629 CABOT LANE	B8		162	29 CABOT LAN	IE B8	W.C.
WELLINGTON FL 3	3414	····	WE	LLINGTON FL	33414	985
			_			
ARTICLE III - Re	egistered Ago	ent, Registered	Office, & I	Registered Ag	gent's Sig	nature:
The name and the F		ent, Registered address of the re			gent's Sig	nature:
	Florida street	address of the re	gistered ag		gent's Sig	nature:
	Florida street		gistered ag		gent's Sig	nature:
	Florida street	address of the re	egistered ag	ent are:	gent's Sig	nature:
	Plorida street	address of the re	egistered ag	ent are:	gent's Sig	nature:
	lorida street	Name CABOT street address (P.O	egistered ag SBS LW #	B8	<u>*</u>	nature:
	lorida street	Name	egistered ag SBS LW #	B8	<u>*</u>	nature:

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member "MGR" JOHN DABBS 1629 CABOT LANE B8 WELLINGTON FL 33414 (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

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

that the facts stated herein are true.)

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

John DAGBS
Typed or printed name of signee