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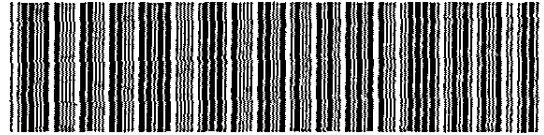
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Midstate Building Consultants, 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:

Paul Vargoshe

(Name of Person)

Midstate Building Consultants, LLC

(Firm/Company)

8080 E Round Lake Lp

(Address)

Floral City, Fl 34436

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Vargoshe

(Name of Person)

at (352) 302-1541

(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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Midstate Building Consultants, LLC

ARTICLE II - Address:

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

Principal Office Address:

8080 E Round Lake LP
Floral City, FL 34436

Mailing Address:

8080 E Round Lake LP
Floral City, FL 34436

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

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

Paul Vargoshe

Name

8080 E Round Lake LP

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

Floral City FLORIDA 34436

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

The name and address of each Manager or Managing Member is as follows:

Name and Address:

"MGRM" = Managing Member

Paul Vargoshe

Floral City, Fl 34436

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Paul Vargese
of a member or an authorized representative

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.)

Paul Vargoshe

Typed or printed name of signee

Filing Fees:

\$ 5.00 Certificate of Status (Optional)