

W4000047087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

Certificates of Status 1

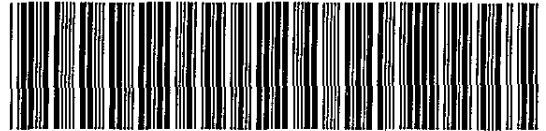
Special Instructions to Filing Officer:

6/21

FL LC

CC & WS

Office Use Only



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MJH

06/21/04--01032--011 \*\*160.00

04 JUN 21 PM 12:56

FILED

June 14, 2004

State of Florida  
Secretary of State  
Division of Corporations  
Registration Section

Re: Articles of Organization  
Wolfe Contracting, LLC

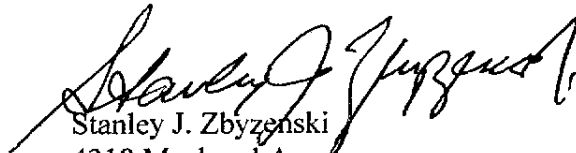
Dear Sir/Madam:

Enclosed, please find the Articles of Organization for Wolfe Contracting, a Florida Limited Liability Company, and an additional copy for Certification and return in the enclosed self-addressed envelope.

Also, please provide a Certificate of Status for Wolfe Contracting, LLC. A check in the amount of \$160.00 is included for the required fees.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Stanley J. Zbyzenski", is written over the typed name and address.

Stanley J. Zbyzenski  
4318 Mackerel Avenue  
Sebring, FL 33870  
(863) 402-8228

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wolfe Contracting, 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:

James M. Wolfe  
(Name of Person)

Wolfe Contracting, LLC  
(Firm/Company)

3804 Hayes Street  
(Address)

Hollywood, FL 33021  
(City/State and Zip Code)

For further information concerning this matter, please call:

James M. Wolfe at ( 954 ) 518-0445  
(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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Wolfe Contracting, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

3804 Hayes Street

Hollywood, FL 33021

**Mailing Address:**

3804 Hayes Street

Hollywood, FL 33021

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

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

Charles K. Henderson

Name

3034 Georgia Pine Road

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

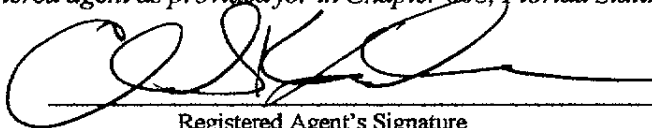
Lake Placid,

FLORIDA

33852

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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04 JUN 21 PM 12:56  
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

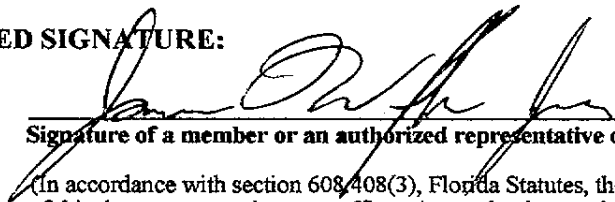
**Name and Address:**

<u>MGRM</u>	<u>James M. Wolfe</u>
	<u>3804 Hayes Street</u>
	<u>Hollywood, FL 33021</u>
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(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.)  
James M. Wolfe  
\_\_\_\_\_  
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)**