# L04000053736

	[ PUU}	Mr. 16 P 3: 40
(Requestor's Name)	CECR' FALLAI	PRY OF STATE
(Address) (Address)		100038322261
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)  (Document Number)	<del></del>	07/16/0401012017 **160.00
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
ALT		

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### TRANSMITTAL LETTER

Division of Corporations SUBJECT: David M. BAERMAN 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: David M. Baerman (Name of Person) David M. Baerman LLC (Firm/Company) 38034 Woodside Lane (Address) Zephyrhills, FL 33542-5968 (City/State and Zip Code) For further information concerning this matter, please call: David M. Baerman at (813 ) 782-7825 (Area Code & Daytime Telephone Number) (Name of Person)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LABILITY COM ANY					
ARTICLE I - Name: The name of the Limited Liability Company is:	FILED  2004 JUL 16 P 3: 40  SECRETARY OF STATE  CLAMASCEE, FLORIFA				
DAVID M. BAERMAN LLC	TOTAL PROPERTY OF THE PROPERTY				
ARTICLE II - Address: The mailing address and street address of the principal					
Principal Office Address:	Mailing Address:				
Principal Office Address:  38034 Woodside Lane	Mailing Address:  38034 Woodside Lane				

David	M. Baerman	11	
	Nan	ne	
38034	Woodside 1	Lane	
Florid	a street address (F	P.O. Box	NOT acceptable)
Zephyr	hills,	FL	33542-5968
	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..

Registered Agent's Signature

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager	Name and Address:	FILED
"MGRM" = Managing Member		2004 JUL 1Ь ₱ 3: 40
MGR	David M. Baerman 38034 Woodside La Zephyrhills, FL 3	SECKETARY OF STATE INCLAHASSES, FLORIDA 13542-5968
ARTICLE V - Effective Da	teJuly 15, 2004	
NOTE: An additional article mus	st be added if an effective date is req	uested.
REQUIRED SIGNATURE:		
Signature of a men	nber or an authorized representative of a n	nemher
(In accordance with	section 608.408(3), Florida Statutes, the exemples of the section statutes an affirmation under the penalties of	cution
_David M. 1	Baerman 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)