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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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ALLAHASSEE ELOB

TRANSMITTAL LETTER

	egistration Section vision of Corporations		
SUBJECT:	McCloud Wrecking LLC		
	(Name of Limited Liability Company)		
The enclose	ed Articles of Organization and fee(s) are submitted for filing.		
	Please return all correspondence concerning this matter t	the following:	
	Patrick J Baltes	-	
	(Name of Person)		
	McCloud Wrecking		
	(Firm/Company)		
2051	1 Hilton Court #5	ALS:	윤
	(Address)	A	දි T
	Casselberry FL 32707	HASS	
	(City/State and Zip Code)	E	宝 们
For further i	information concerning this matter, please call:	FLORIDA	10:56
Patrick J B	Baltes at (407) 699 01	34 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	(Name of Person) (Area Code & Daytim	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 Dode-This is my cover Letter

PATRICK J. BALTES
2051 Hilton Court #3
407-699-0134

ROCKONI

04 007 -7 AM 10: 56

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

McCloud Wrecking	PLC	
ARTICLE II - A		ne principal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
2051 Hilton Court	#5	2051 Hilton Court #5
Casselberry FL 32	2707	Casselberry FL 32707
The name and th	Patrick J Baltes	the registered agent are:
The name and th	Patrick J Baltes	the registered agent are:
The name and th	Patrick J Baltes 2051 Hilton Court #1	·
The name and th	Patrick J Baltes 2051 Hilton Court #1	s (P.O. Box NOT acceptable)
The name and th	Patrick J Baltes 2051 Hilton Court #1 Florida street addres Casselberry	s (P.O. Box NOT acceptable)
Having been named as re company at the place des agree to act in this capacit and complete performand	Patrick J Baltes 2051 Hilton Court #1 Florida street addres Casselberry City, S egistered agent and to accept signated in this certificate, I ty. I further agree to complete of my duties, and I am fa	s (P.O. Box NOT acceptable) FLORIDA 32707

Page 1 of 2 (CONTINUED)

ARTICLE	IV-	Manager(s)	or Managing	Members	(8)	ì:

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MGR	Patrick J Baltes		
	2051 Hilton Court #5		
	Casselberry FL 32707	_ "	•
		_	
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•			
		_	
		_	
) 1 0	
(Use attachment if necessary)	H.	윤	300
	AKY		Trage Market
	inc.	=	Ž.
NOTE: An additional article must be	added if an effective date is requested.	₫	ć
REQUIRED SIGNATURE:	ORIDA	56	
DE O	B.€		
Signature of a member or an a	uthorized representative of a member.		
(In accordance with section 608, of this document constitutes an a that the facts stated herein are to	.408(3), Florida Statutes, the execution affirmation under the penalties of perjury ue.)		
Patrick J Baltes			
Typed or pri	inted 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)