L04000077496

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600040668116

10/26/04--01012--012 **160.00

O4 OCT 26 PH 12: 10
SECKLIARY OF STATE



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (856) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Tim's	Bobert	Dirtwor	kı	610

ARCHARACTE STATE

	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
1	Art. of Amend, File
	RA Resignation
Need	Dissolution / Withdrawal
MASKILLER	Annual Report / Reinstatement
Need Alase As Hease	Cert. Copy
	Photo Copy
V//	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: $\sqrt{2}$	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

Art of Inc. File_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY C

ARTICLE I - Name:

The name of the Limited Liability Company is:

TIM'S BOBCAT DIRTWORKS, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing	Address:
---------	----------

2651	S.W.	Highwa	y 24
Otter	creek	, FL.	32683

P.O. Box 14 Ottercreek, FL. 32683

A PROPERTY OF THE PROPERTY OF

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

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

Harold T. Querio

Name

2651 S.W. Highway 24

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

Ottercreek

FL 32683

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: Title: "MGR" = Manager "MGRM" = Managing Member MGR Debra Querio 2651 S.W. Highway 24 Ottercreek, FL, 32683

(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.)

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)