

L040000 80413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

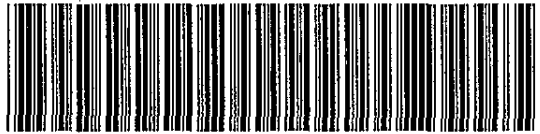
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100042358251

11/03/04 --01037--014 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

04 NOV -3 PM 1:32

11/5
last

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAK Construction 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:

Michael A. Kotzker
(Name of Person)

MAK Construction
(Firm/Company)

1735 Broomtree Avenue
(Address)

NORTH PORT, FL. 34286
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Kotzker at 941, 223-3889
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FILED
04 NOV -3 PM 1:32
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAX Construction LLC

ARTICLE II - Address:

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

Principal Office Address:

1735 Greentree Ave
NORTH PORT, FL 34286

Mailing Address:

1735 Greentree Avenue
NORTH PORT, FL 34286

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

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

Michael A Kotzker
Name

1735 Greentree Avenue

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

NORTH PORT, FL 34286

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.

[Signature]

Registered Agent's Signature

(CONTINUED)

FILED
NOV-3 PM 1:32
CLERK OF CIRCUIT COURT
HALL COUNTY, 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:

MGR

Michael A Kotzker
1735 Breenroe Avenue
NORTH PORT FL 34286

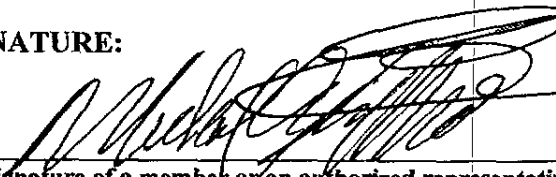
MGRM

Antonia Kotzker
1735 Breenroe Avenue
NORTH PORT FL 34286

(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.)

Michael A Kotzker
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**
- \$ 30.00 Certified Copy (Optional)**
- \$ 5.00 Certificate of Status (Optional)**

FILED
04 NOV -3 PM 1:32
TALLAHASSEE, FLORIDA