

LOS000010727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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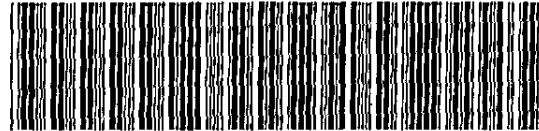
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: West Glades Repair, 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:

Owen L. Luckey, Jr.
(Name of Person)

Owen L. Luckey, Jr. Attorney at Law
(Firm/Company)

P.O. Drawer 1820
(Address)

LaBelle, FL 33975
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Jimmy Luckey at (863) 675-7111
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|----------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION
OF
West Glades Repair, LLC

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TALLAHASSEE, FLORIDA

ARTICLE I

NAME

The name of the Limited Liability Company is West Glades Repair, LLC.

ARTICLE II

ADDRESS

The mailing address of the Limited Liability Company's principal office is 3930 S.R. 29 LaBelle, FL 33935

The street address of the Limited Liability Company's principal office is 3930 S.R. 29 LaBelle, FL 33935.

ARTICLE III

DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

PURPOSE

The purpose for which the Company is organized is to engage in repair of equipment and any and all other business and activities permitted by the Act and any other applicable laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

ARTICLE V

MANAGEMENT

The Limited Liability Company is to be managed by the member(s) who are designated, appointed, or elected to act as the managing member(s) in accordance with the Operating Agreement of the Limited Liability Company.

Name:

Roy G. Franco Member
Patricia Franco Member

ARTICLE VI

INDEMNIFICATION

Except as expressly provided in the Operating Agreement, the Company shall indemnify any member, manager, or former member or manager to the full extent permitted under the Act.

In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Executed at LaBelle, Florida, on January 11, 2005

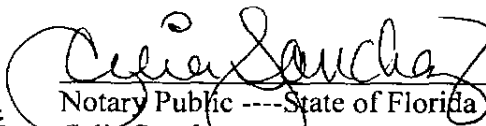
West Glades Repair, LLC
A Florida Limited Liability Company

By: 
Roy G. Franco
Member

STATE OF FLORIDA
COUNTY OF HENDRY

The foregoing instrument was acknowledged before me on January 11, 2005, by Roy G. Franco, as a Member of West Glades Repair, LLC, who produced a Florida Driver's License as identification.




Notary Public ---- State of Florida
Celia Sanchez

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

UNDER THE PROVISIONS OF F.S. 608.415, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

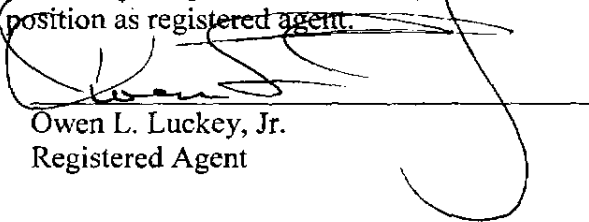
The name of the limited liability company is West Glades Repair, LLC.

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

Owen L. Luckey, Jr.
90 Howe Ave.
LaBelle, FL 33935

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.

West Glades Repair, LLC


Owen L. Luckey, Jr.
Registered Agent

By: 

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