W5000013356

| (Re | questor's Name) | |
|---|--------------------|-------------|
| (Ad | dress) | |
| (Address) | | |
| (Cit | cy/State/Zip/Phono | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | Certificate: | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |

Office Use Only



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02/09/05--01008--012 **125.00



DS FEB -9 AM II: 3

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: Gerald uxune (Name of Limite | Foerman UC d Liability Company) |
| The enclosed Articles of Organization and fee(s) are sub Please return all correspondence concerning this matter | |
| Gerald W. Foerman (Name of Person) | |
| (Firm/Company) | |
| 13705 Clarence Dobbs | s. Rd. |
| Glen St. Mary FL, 32 (City/State and Zip Code) | 040 |
| For further information concerning this matter, please ca | 11: |
| Gerald Foerman a (Name of Person) | t (Q04) 813-3855 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: | |
| Certificate of Status Co | 55.00 Filing Fee & S160.00 Filing Fee, ertified Copy Certificate of Status & Certified Copy (additional copy is enclosed) |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Gerald Woune Forman

| ARTICLE II - Address: | | | |
|---|------------------|--|--|
| The mailing address and street address of the principal office of the Limited Liability Company is: | | | |
| Principal Office Address: | Mailing Address: | | |
| Gerald Foerman 13705 Clarence Dobbs Rd | Same | | |
| 13705 Clarence Dobbs Rd | | | |
| Glen St Many 41.32010 | | | |

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

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

Gerald Wayne forman

Name

13705 Clarence Dobberd

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

Glen St. May FL 32040

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 Manager The name and address of each Manager | |
|---|---|
| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
| merm | Gerald wayne Foerman 13705 Clarence Dobbs Rd Glan St. Marry F. 52040 |
| | |
| | |
| (Use attachment if necessary) | add dis an offenting data is magnested |
| REQUIRED SIGNATURE: | e added if an effective date is requested. |
| (In accordance with sec | r or an authorized representative of a member. etion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury ein are true.) |
| Loerald Ty | ped 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)