LD5 000014953

(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



100045705101

02/09/05--01026--004 **125.00

JUDIED TO FRICK JUDIED TO SEPORATIONS TALLAHASSEE, FLORIDA

4 BROWN FEB 4 4 2005

January 5, 2005

Attached please find the articles of organization for the following:

Eagle Resource LLC Federal Tax ID 20-2281244

Darlene Kowalczyk – Manager 1978 South Tamiami Trail Venice, Fl. 34293

(941) 496-9800

FILEU
2005 FEB -9 PM 1: 26
2005 FEB -9 PM 1: 26
2005 FEB -9 PM 1: 26

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EAgle ESoure (Name of Limited L	CE LLC Liability Company)
The enclosed Articles of Organization and fee(s) are sub-	mitted for filling.
Please return all correspondence concerning this matter to	o the following:
DARLBUE (Nam	o the following: ALLAID CORPORAL ne of Person) ALLAID CORPORAL PLONE FLORE ALLAID CORPORAL ALLAID CORP
Engle MortgA	M/Company)
	TAMIAMI TE
VENKE (City/Sta	ate and Zip Code) 3 42 9 3
For further information concerning this matter, please ca	11:
DARLENE Kowskery K at (Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certified Copy 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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ZAGRE KESOURCE	- LLC
ARTICLE II - Address:	
The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1978 So TAMIAMITE	SAME
VENICE FL	
39295	
ARTICLE III - Registered Agent, Registere	d Office, & Registered Agent's Signature
The name and the Florida street address of the	registered agent are:
DARLENE !	KOWALCZYK TOS =
Name	26 PRID
1978 So. 1	AMIAMI 11.
Florida street ac	Idress (P.O. Box <u>NOT</u> acceptable)
VENICE	FL 34293
City, State,	and Zip
Having been named as registered agent and to	accent 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..

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:		
"MGR" ≈ Manager "MGRM" = Managing Member			·
m G R	DALLENE Kowalo		
	1978 So. TAMIAMI TO	<u> 29</u> 2-	-
	VENKE, A. 34293		
MERM	JOSEPH KOWALCZYK	-	
	1978 So TAMIAMIT	<u>2</u>	
			•,
			S as now
	» A	12 00 00 00 00 00 00 00 00 00 00 00 00 00	; ; ;
		E 5	}
		ر مرجب ط 100	
(Use attachment if necessary)	<u>[</u>	"容"	
NOTE: An additional article must be	added if an effective date is requested.	으로 ㄷ	1: 26
REQUIRED SIGNATURE:	:	P 55	J.
	6	-	=
() arling	Soffen		- :
-	án authorized representative of a member.		
(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury		
DARLENE	KowalczyK	•	
Typed	or printed name of signee	- A M	

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)