

# L050000 22691

**Florida Department of State**  
Division of Corporations  
Public Access System

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H05000056979 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**  
Division of Corporations  
Fax Number : (850) 205-0383

**From:**  
Account Name : ZIRKELBACH CONSTRUCTION, INC.  
Account Number : I20040000103  
Phone : (941) 729-0000  
Fax Number : (941) 729-0007

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 MAR -7 AM 8:55

FILED

**LIMITED LIABILITY COMPANY**

**Zirkelbach Professional Services, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED  
05 MAR -7 PM 3:51  
DIVISION OF CORPORATION

**Electronic Filing Menu**

**Corporate Filing**

**Public Access Help**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Zirkelbach Professional Services, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1415 10th Street West  
Palmetto, Florida 34221

**Mailing Address:**

1415 10th Street West  
Palmetto, Florida 34221

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

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

Bruce H. Illies

Name

1415 10th Street West

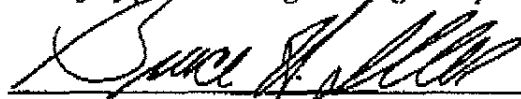
Florida street address (P.O. Box NOT acceptable)

Palmetto,

FL.

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)

2005 MAR -7 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H050000569793

**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

Alan Zirkelbach

1415 10th Street West

Palmetto, FL 34221

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

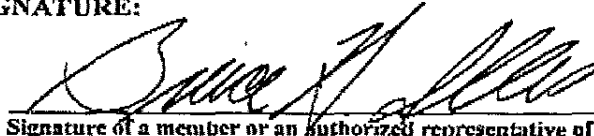
\_\_\_\_\_

\_\_\_\_\_

(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.)

Bruce H. Illes

Typed or printed name of signer

2005 MAR - 7 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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)

H050000569793