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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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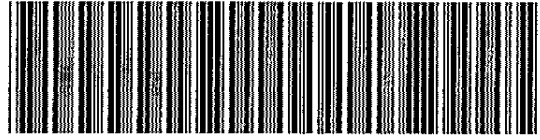
(Business Entity Name)

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TALLAHASSEE FLORIDA
LA 03/15/05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael Kalinowski Stucco & Lath 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 Kalinowski
(Name of Person)

(Firm/Company)

26492 Notre Dame Blvd
(Address)

Punta Gorda FL 33955
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Kalinowski at (239) 707-5896
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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:

Michael Kalinowski Stucco & Lath LLC**ARTICLE II - Address:**

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

Principal Office Address:26492 Notre Dame Blvd
Punta Gorda FL 33955**Mailing Address:**same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature
The name and the Florida street address of the registered agent are:

Michael Kalinowski
Name26492 Notre Dame BlvdFlorida street address (P.O. Box **NOT** acceptable)Punta Gorda FL FLORIDA 33955
City, State, and Zip

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TALLAHASSEE FLORIDA

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, Florida Statutes..

Michael Kalinowski
Registered Agent's Signature

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:MGRMichael Kalinowski
26492 Notre Dame Blvd
Punta Gorda FL 33955MGRMYav Vaughn Kalinowski
26492 Notre Dame Blvd
Punta Gorda FL 33955

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**Michael J. Kalinowski

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 J. Kalinowski

Typed or printed name of signer

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TALLAHASSEE FLORIDA**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)