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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

2005 MAR 23 PM 12:05

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03/23/05--01021--009 \*\*160.00

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not



Workhorse Services, L.L.C.

March 19, 2005

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Subject: Workhorse Services, L.L.C.

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robin S. Herz  
Workhorse Services, L.L.C.  
306 Okaloosa Rd., N.E.  
Fort Walton Beach, Florida 32548

For further information concerning this matter, please call:

Robin S. Herz at (850) 259-4847

Enclosed is a check for the following amount: *ck # 1082*

\$160.00 Filing Fee, Certificate of Status & Certified Copy

Sincerely,

*Robin S. Herz*  
Robin S. Herz  
Manager, Workhorse Services, L.L.C.

RSH/et

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Workhorse Services, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

306 Okaloosa Rd., N.E.  
Ft. Walton Beach, FL  
32548

306 Okaloosa Rd., N.E.  
Ft. Walton Beach, FL  
32548

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

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

Robin S. Herz  
Name

306 Okaloosa Rd., N.E.  
Florida street address (P.O. Box **NOT** acceptable)  
Ft. Walton Beach FL 32548  
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.*

Robin S. Herz  
Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FL  
SECRETARY OF STATE

**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

Robin S. Herz  
306 Okaloosa Rd., N.E.  
Ft. Walton Beach, FL 32548

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(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Robin S. Herz  
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.)

Robin S. Herz  
Typed or printed name of signee

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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)