

LOS 0000 30254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

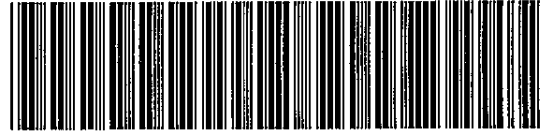
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/28/05--01047--018 **125.00

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05 MAR 28 PM 1:00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

3/28/05
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3/28
CJL

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WESCO & SONS CONTRACTING 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:

SYLVESTER H. FERRY
(Name of Person)

WESCO & SONS CONTRACTING LLC
(Firm/Company)

448 HUTCHINSON FERRY RD
(Address)

BAINBRIDGE, GA 39819
(City/State and Zip Code)

For further information concerning this matter, please call:

SYLVESTER FERRY at (229) 843 8402
(Name of Person) (Area Code & Daytime Telephone Number)

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

ALBANY, FLORIDA
TALLAHASSEE, FLORIDA

05 MAR 28 PM 1:00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WESCO E SONS CONTRACTING LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

44B HUTCHINSON FERRY RD
BAINBRIDGE, GA 39819

SAME

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

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

BRIAN W FERRY
Name

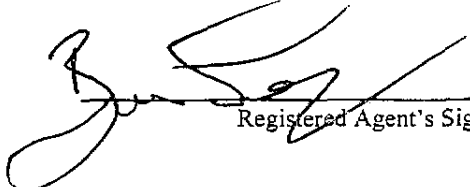
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Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32308
City, State, and Zip

FILED
05 MAR 28 PM 1:00
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, F.S..


Registered Agent's Signature

(CONTINUED)

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:

MGRM

SYLVESTER H FERRY
448 HUTCHINSON FERRY RD
BAKERIDGE, GA 39819

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Sylvester H Ferry

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.)

SYLVESTER H FERRY

Typed 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAR 28 PM 1:00

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