105000045702

(Requ	estor's Name)	<u></u>
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Busin	ess Entity Nar	ne)
(Dоси	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



100050874151

05/03/05--01044--017 **125.00

TRANSMITTAL LETTER

TO: Registration Section Division of Corpo				
SUBJECT: Y-Z Proper	ties, LLC (Name of Limite	ed Liability Cor	mpany)	
The enclosed Articles of C	rganization and fee(s) are	submitted for fi	ling.	
Please return all correspon	dence concerning this matt	er to the follow	ring:	
Dean E. Co	ollins, Esquire			
	(Name of Person))	
Cindrich & Associates				•
		(Firm/Company)		
552 Washingto	on Avenue			
OSZ Washingto	on Avenue	(Address)		
Carnegi	e, PA 15106			ار الله الله الله الله الله الله الله ال
		/State and Zip C	ode)	
For further information cor	ncerning this matter, please	call:		
Dean E. Collins		at (412	, 429-8000	A
(Name of	Person)		Code & Daytime Te	elephone Number)
Enclosed is a check for t	he following amount:			
	□ \$130.00 Filing Fee & Certificate of Status	Certified C	Filing Fee & opy py is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registrat Division	ADDRESS: ion Section of Corporations aines Street		MAILING AI Registration So Division of Co P.O. Box 6327	ection orporations

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	ompany is:
Y-Z Properties, LLC	
ARTICLE II - Address: The mailing address and street addres	ss of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
12645 74th Avenue North Seminole, FL 33776	12645 74th Avenue North Seminole, FL 33776
ARTICLE III - Registered Agent, R The name and the Florida street addre Jerry Wunsch	Registered Office, & Registered Agent's Signature: ess of the registered agent are:
<u> </u>	Name
12645 74th Avenue	North
	da street address (P.O. Box NOT acceptable)
Seminole	FL 33776 City, State, and Zip
liability company at the place desig	ent and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of al

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:		Name and Address:	
"MGR" = Manag "MGRM" = Man			
MGRM		Jerry Wunsch	
	_	12645 74th Avenue North	
		Seminole, FL 33776	
MGRM		Robert Weise	
	-	6649 Broad Creek Boulevard	
		Madison, WI 53718	
MGRM		Chad Hoesly	_
		506 Kent Street	
		Wausa tl , WI 54403	
(Use attachment i	f necessary)	· £ 5	
NOTE: An addi	tional article must be	added if an effective date is requeste	
REQUIRED SIC	GNATURE:	1	
	Adul		7,
	Signature of a member or	an authorized representative of a member.	
		608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury 1 are true.)	SA -
	Jerry Wunsch		
	Typed o	or printed name of signee	

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)