

L05000048273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

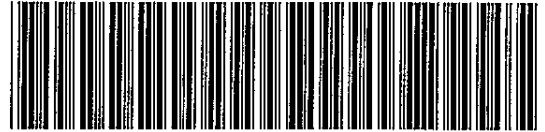
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Availability

Document Examiner	DCC Office Use Only
Updater	DCC
Updater Verifier	DCC
Administrative	DCC
U. F. Verifier	DCC



900051817989

05/09/05--01097--008 **125.00

SECRETARY OF STATE
MAY 9 4 01 PM '05
FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICHAEL WURM CONSTRUCTION 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 WURM
(Name of Person)

MICHAEL WURM CONSTRUCTION LLC
(Firm/Company)

3700 W JACKSON ST
(Address)

PENSACOLA, FL 32505
(City/State and Zip Code)

2005 MAY -9 P 4: 01
SECRETARY OF STATE
TALLAHASSEE, FL 32314

For further information concerning this matter, please call:

MICHAEL WURM at (850) 554-1513
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 WURM CONSTRUCTION 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:

3700 W JACKSON ST
PENSACOLA, FL 32505

3700 W JACKSON ST
PENSACOLA, FL 32505

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

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

MICHAEL WURM
Name

3700 W JACKSON ST
Florida street address (P.O. Box **NOT** acceptable)

PENSACOLA, FL 32505 FL
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY -9 P 10:01
11:11 PM

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.

Michael S. Wurm
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

MICHAEL WURM

3700 W JACKSON ST

PENSACOLA, FL 32505

MGRM

BRENDA WURM

3700 W JACKSON ST

PENSACOLA, FL 32505

MGRM

ELLA ROSE McCASTLE

3700 W JACKSON ST

PENSACOLA, FL 32505

(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.)

MICHAEL WURM

Typed 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2005 MAY - 9 P 4: 01

