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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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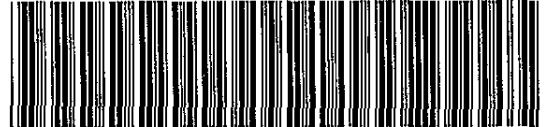
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SECONDARY STATE
TALLAHASSEE, FLORIDA

Sp

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DENNIS M. MIETZ TRACTOR SERVICE 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:

DENNIS M. MIETZ
(Name of Person)

DENNIS M. MIETZ TRACTOR SERVICE LLC
(Firm/Company)

3511 NORTH ROAD
(Address)

NORTH FORT MYERS FLORIDA 33917
(City/State and Zip Code)

For further information concerning this matter, please call:

DENNIS M MIETZ at (239) 265-5174
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 17, 2005

DENNIS M. MIETZ
DENNIS M. MIETZ
3511 NORTH ROAD
NORTH FORT MYERS, FL 33917

SUBJECT: DENNIS M. MIETZ TRACTOR SERVICE LLC
Ref. Number: W05000024884

We have received your document for DENNIS M. MIETZ TRACTOR SERVICE LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$130.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 505A00035328

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DENNIS M. MIETZ TRACTOR SERVICE LLC

ARTICLE II - Address:

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

Principal Office Address:

3511 NORTH ROAD
NORTH FORT MYERS
FLORIDA 33917

Mailing Address:

3511 NORTH ROAD
NORTH FORT MYERS
FLORIDA 33917

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

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

DENNIS M. MIETZ

Name

3511 NORTH ROAD

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

NORTH FORT MYERS, FLORIDA 33917

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.

X Dennis M. Mietz
Registered Agent's Signature

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CLERK OF STATE
TALLAHASSEE, FLORIDA

(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:

MGR

DENNIS M. MIETZ

3511 NORTH ROAD

NORTH FORT MYERS FLORIDA 33917

MGRM

MARIE A. MIETZ

3511 NORTH ROAD

NORTH FORT MYERS, FLORIDA 33917

(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.)

MARIE A. MIETZ

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

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