L0500066533

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	





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TRANSMITTAL LETTER

•
TO: Registration Section Division of Corporations
SUBJECT: Wity Pressure Was Hing & Parkting (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:
OT:5 Re TR. (Name of Person)
Meity Pressure Warting & Parting
516 PAIN BEACH ST
(Address)
TAU. FC 323/0 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Name of Jerson) at (850) 566-7096 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee, 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:

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

SIG PAlm Beach ST. 5/6 Address:

5/6 PAlm Beach ST. 5/6 Address:

THIAHASSER JEG. 323/0 TAILAHASSER FLA. 323/0

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

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

OT, S Pac JR.

Name

Solution

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

TAll Attas See FL FLA. 32310

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..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows:

<u>Fitle:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRV	MOTIS Pye JR. 516 Beach PAIN BEACH S. TAILMHASSEE FL32310
	7
	THE P
(Use attachment if necessary)	72
NOTE: An additional auticle would be	and dead if an afficiative date in manuscred
NOTE: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE: /	
	2
1/2 /9/	7
Signature of a member of	an authorized representative of a member.
	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)
2 <u>-</u> D	e To.
	d 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)