# L060000 23790

| (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: |
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Office Use Only



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## Fiddelke Solutions

3312 Nolhcrest Pl Plant City, FL 33566

February 26, 2006

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

As requested in the Articles of Organiztion, here is my contact information.

Rob Fiddelke 3312 Nolhcrest PI Plant City, FL 33566 8137541485 8133768558

Sincerely,

Robert J. Fiddelke Jr.



## **COVER LETTER**

| то:            | Registration Se<br>Division of Co |   |   |   |  |
|----------------|-----------------------------------|---|---|---|--|
| SUBJ           | ECT: Fiddelk                      | e Solutions   |   | _   |  |
|                |                                   | (Name of Limite   | d Liability Compa                                   | my)   |  |
| The en         | closed Articles o                 | f Organization and fee(s) are s   | ubmitted for filing                                 | <u>;</u> .  |  |
| Please         | return all corresp                | ondence concerning this matte   | er to the following                                 | :   |  |
|                | Robert J. F                       |   |   |   |  |
|                |                                   | (   | Name of Person)                                     |   |  |
|                | Fiddelke So                       | olutions  |   |   |  |
|                |                                   | (   | (Firm/Company)                                      |   |  |
|                | 3312 Nohl                         | crest Pl  |   |   |  |
|                |                                   |   | (Address)   |   |  |
|                | Plant City,                       | FL 33566  |   |   | **************************************   |
|                |                                   | (City   | /State and Zip Code                                 | )   |  |
| For fur        | ther information                  | concerning this matter, please  | call:   |   |  |
| Robe           | ert J. Fiddelk                    | e Jr.   | at (813   | 376-855   | 8  |
|                | (Name                             | of Person)  | (Area Code  | & Daytime T   | elephone Number)   |
| Enclos         | sed is a check fo                 | or the following amount:  |   |   |  |
| <b>X</b> \$125 | 5.00 Filing Fee                   | \$130.00 Filing Fee & Certificate of Status   | \$155.00 Fi<br>Certified Copy<br>(additional copy i | /   | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                |                                   | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registration Olivision of Clifton Bo<br>2661 Exe    | ourier Address<br>on Section<br>of Corporatio<br>uilding<br>cutive Center<br>ee, FL 32301 | ns   |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: |  |  |  |  |  |
|---|--|--|--|--|--|
| Fiddelke Solution   | ons LLC  |  |  |  |  |
| (Must end with the w  | vords "Limited Liability Compa   | any, "Limited Company" or their abbreviation "LLC," or "L.C.,")  |  |  |  |
| ARTICLE II -  | Address  |  |  |  |  |
|   |  | of the principal office of the Limited Liability Company is:   |  |  |  |
| Ū   |  |  |  |  |  |
| Principal Offic   | ee Address:  | Mailing Address:   |  |  |  |
| 3312 Noihcrest Pl   |  | 3312 Noihcrest Pl  |  |  |  |
| Plant City, FI 33560  | 6  | Plant City, FI 33566   |  |  |  |
|   |  | <del></del>  |  |  |  |
| business entity with  | an active Florida registration.  | s of the registered agent are:   |  |  |  |
|   | 3312 Nohlcrest Pl  |  |  |  |  |
|   |  | a street address (P.O. Box NOT acceptable)   |  |  |  |
|   | Plant City   | FI. 33566  |  |  |  |
|   |  | ity, State, and Zip  |  |  |  |
| liability con<br>registered ager<br>statutes relat              | npany at the place designt and agree to act in thing to the proper and cooking attentions of my positions. | and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all mplete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 608, F.S |  |  |  |

(CONTINUED) Page 1 of 2

### ARTICLE IV- Manager(s) or Managing Member(s):

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member   | Name and Address:  |
|--|--|
| MGR  | Robert J. Fiddelke Jr.   |
|  | 3312 Nolhcrest PI  |
|  | Plant City, FL 33566   |
| MGR  | Jenifer L. Fiddelke  |
|  | 3312 Noihcrest Pl  |
|  | Plant City, FL 33566   |
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|  |  |
|  | - <u> </u>   |
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|  | 를 수 .  |
| (Use attachment if necessary)  | OS INS1  |
| ICLE V: Effective date, if other than the confective date is listed, the date must be 90 days after the date of filing.) | date of filing: (OPTIONAL) specific and cannot be more than five business days prior |
| 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 begin are true.)

that the facts stated herein are true.)

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)