

L060000 30001

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000074719 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

RECEIVED
FLORIDA
STATE
DIVISION OF
CORPORATIONS

06 MAR 21 AM 9:16

FILED

3/22/06
*ATB***FLORIDA/FOREIGN LIMITED LIABILITY CO.**

Linseman Contracting LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

06 MAR 21 PM 1:11

DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Linseman Contracting 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:29819 Tropical Trader Road29819 Tropical Trader RoadBig Pine Key, FL 33043Big Pine Key, FL 33043

FILED
08 MAR 21 AM 9:16
TALLAHASSEE
STATE
OFFICE OF THE
CLERK OF THE
SUPREME COURT
FLORIDA

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

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

Norm Linseman Jr.Name29819 Tropical Trader Road(P.O. Box or Mail Drop Box NOT Acceptable)Big Pine Key, FL 33043(City / State / 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 - Norm Linseman Jr.

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:MGRNorm Linseman Jr. - 29819 Tropical Trader Road, Big Pine Key, FL 33043MGRMNorm Linseman Sr. - 29819 Tropical Trader Road, Suite 1,
Big Pine Key, FL 33043MGRMRhonda Linseman - 29819 Tropical Trader Road, Big Pine Key, FL 33043

(Use attachment if necessary)

REQUIRED SIGNATURE:

Signature of a member or 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.)

Norm Linseman Jr.

Typed or printed name of signee

RECEIVED
STATE
NOTARY
FLORIDA

06 MAR 21 AM 9:16

FILED