

LD60000078399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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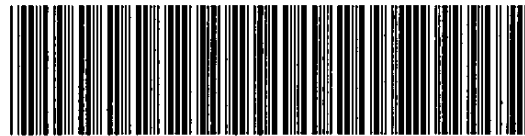
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

Two sets
Pages 1 of 3

May 10, 2006

To: Registration Section
Division of Corporations

Subject: Willie Dekle L.L.C.
(Name of Limited Liability Company)

Enclosed Articles of Organization and fees are submitted for filing.

Please return the correspondence concerning this matter to the following.

Willie Dekle
(Name of Person)

P O Box 691272
(Address)

Vero Beach, Florida 32969
(City/State and Zip Code)

For further information concerning this mailer, please call:

Arthur D. Sparks at (772) 464-8488
(Name of person) (Area Code & Daytime Telephone Number)

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 323

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

**Two sets
Page 2 of 3**

ARTICLE I. Name:

**The name of the Limited Liability Company is:
Willie Dekle L.L.C.**

ARTICLE II. Address:

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

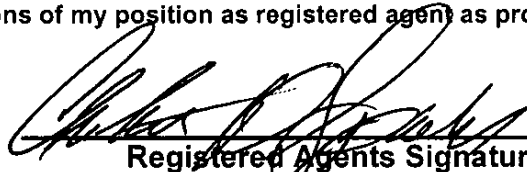
<u>Principal Office Address</u>	<u>Mailing Address</u>
8465 20th Street Vero Beach FL 32966	8 Saintgallie Road Midville GA 30441

ARTICLE III. Registered Agent, Registered Office, Registered Agent Signature

The name and Florida street address of the registered agent:

**Arthur D Sparks
850 S 21st Street Ste N
Fort Pierce FL 34950**

**Having been named a 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 Agents Signature

(CONTINUED)

ARTICLE IV - Managing Member:

The name and address of the managing member is:

<u>Title:</u>	<u>Name and Address</u>
MGRM = Managing member	Willie Dekle
	8 Saintgallie Road
<u>MGRM</u>	<u>Midville GA 30441</u>
<u>MGRM</u>	

ARTICLE V - Effective date of Limited Liability Company

The effective date is May 16, 2006

REQUIRED SIGNATURE:

Willie Dekle

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.)

Willie Dekle

Type or printed signature of signee

Filing Fees

\$100.00 Filing fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

State of Florida
St. Lucie County
I Willie Dekle certify
that I have signed
and produced Florida
Driver license on
5-15-06.

ALMA ROSA BARAJAS
Notary Public, State of Florida
My Comm. Expires Aug. 17, 2007
No. DD241855

Alma Rosa Barajas
Alma Rosa Barajas
Notary Public
Exp. 8-17-07