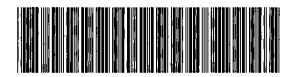
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SECRETARY OF STATE
AND ANASSEE, FLORID.

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DEFANCE UNITED STATE

COVER LETTER

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TO: Registration Sec Division of Cor			
subject: Don	Weihs and, (Name of Limite	John Milam d Liability Company)	LLC.
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
	Donald	L. Weihs	SECONO TO
	Automoti	ve Specialis	HASSET OF
	6569 L	Naterford Ci	F. SIA 39
	Sarasot	Address) A FL 3423 (State and Zip Code)	88 <u>\$50</u>
For further information c	oncerning this matter, please	•	
Don We	Pins of Person)	at (941) 927- (Area Code & Daytime Telep	0024 phone Number)
	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
•	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci	rcie

4,575

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	:	
Don Weihs and John (Must end with the words "Limited Liability Company, "Limited	Milan LLC ted Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:		
The mailing address and street address of the pr	rincipal office of the Limited Liability Comp	any is
Principal Office Address:	Mailing Address:	
6569 Waterford Cir Sarasota, FL 34238	6569 Waterford Cir. Sarasota, FL 34238	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	stered Agent. You must designate an individual or another	T
The name and the Florida street address of the r Candy U Name	Peins FEE 3:	Mi
6569 Wo	aterford Cir. dress (P.O. Box NOT acceptable)	
Sarasota City, State, a	FL 34238 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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

The name and address of each Manage	er or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Don Weins 4549 Waterford Cir. Sarasota, FL 34238
MGRM	John Milam 5122 Timber Chase Way Sarasota, FL 34238
	TARECON TO
	ASSEE
(Use attachment if necessary)	S. 40 FLORID
CLE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Jandy	2 // leih
	or an authorized representative of a member.
. (In accordance with sect of this document constit that the facts stated he	tion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury erein are true.)
Candy	Weihs
T∜n	ed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)