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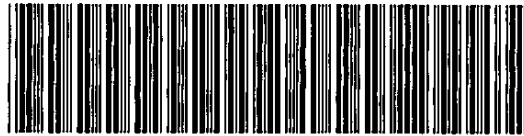
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emory R Kudlicka, LLC
(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:

Lawrence A. Fischer, CPA
(Name of Person)

Lawrence A. Fischer, CPA, PA
(Firm/Company)

PO Box 20607
(Address)

ST Petersburg FL 33742-0000
(City/State and Zip Code)

For further information concerning this matter, please call:

Larry Fischer at (927) 577-6000
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (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 Circle
Tallahassee, FL 32301

Articles of Organization
of

EMORY R KUDLICKA , LLC

The undersigned natural person(s), of the age of eighteen years or more, acting as organizers of a limited liability company under the State of Florida Limited Liability Company Act, adopt(s) the following Articles of Organization for such limited liability company.

Article 1. Name of Limited Liability Company. The name of this limited liability company is Emory R Kudlicka, LLC.

Article 2. Registered Office and Registered Agent. The initial registered office of this limited liability company and the name of its initial registered agent at the address are:

EMORY R KUDLICKA

811 Sherman McVeigh Dr

Clearwater FL 33756

Article 3. Statement of Purposes. The purpose for which this limited liability company is organized is:

To install hurricane shutters and other construction endeavors which may become possible.

Article 4. Management and Names and Addresses of Initial
The management of this limited liability company is reserved to the Member. The name and address of its initial member is:

Emory R Kudlicka, MGRM

811 Sherman McVeigh Dr

Clearwater FL 33756

Article 5. Principal Place of Business of the Limited Liability Company. The principal place of business of the limited liability company shall be: 811 Sherman McVeigh Dr, Clearwater FL 33756

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Article 6. Period of Duration of the Limited Liability Company. The period of duration of the limited liability company shall be: perpetual.

Article 7. Registered Agent, Registered Offices, and Register Agent's Signature:

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

Emory R Kudlicka

811 Sherman McVeigh Dr

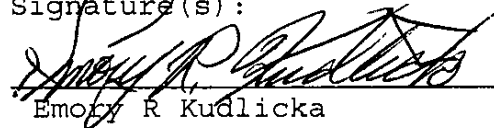
Clearwater FL 33756

Registered Agent's Signature

In Witness Whereof, the undersigned organizer of this limited liability company has(have) signed these Articles of Organization on the date indicated.

Date: 9/11/06

Signature(s):



Emory R Kudlicka

_____, Organizer
Typed or Printed Name

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