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COVER LETTER

Division of Cor			
SURJECT. SPRA'	YCRETE & ASPHA	LT CONTROL, LLC	
3053EC1	(Name of Limited	Liability Company)	
The enclosed Articles of	f Organization and fee(s) are su	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
CHARLES	S W. YOUNG		
		Name of Person)	
	(Firm/Company)	
<u>1933 Sou</u>	utheast 33 Terrac		<u> </u>
		(Address)	
Cape Co	ral, FL 33904		
	(City)	State and Zip Code)	
For further information	concerning this matter, please	call:	
CHARLES W.	YOUNG	at (239) 822-01	60
	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or 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 Addre Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address Principal Office Address:	s of the principal office of the Limited L Mailing Address:	iability Company is:
Thicipal Office Address.	Manning Address:	
1933 Southeast 33 Terrace Cape Coral, FL 33904		
	Registered Office, & Registered Agent's own Registered Agent. You must designate an indiv.)	
The name and the Florida street address	ss of the registered agent are:	DEC T
CHARLES W. YO	DUNG	32 = -
·	Name	S
1933 Southeast	: 33 Terrace	AN III: 47 OF STATE
Floric	la street address (P.O. Box NOT acceptable)	SET F
Cape Coral	_{FL} 33904	0 A
C	City, State, and Zip	
liability company at the place desig registered agent and agree to act in the statutes relating to the proper and co	nt and to accept service of process for the gnated in this certificate, I hereby accept t is capacity. I further agree to comply wit. Implete performance of my duties, and I a on as registered agent as provided for in t	the appointment as h the provisions of all m familiar with and

gent's Signature (REQUIRED)

(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:

"]	itle: MGR" = Manager MGRM" = Managing	Member	Name and Address:	
<u>N</u>	IGRM		ANGELA GENTILE WILSON 428 Southwest 33rd Terrace Cape Coral, FL 33904	
<u>N</u>	1GRM		CHARLIE M. YOUNG 1933 Southeast 33 Terrace Cape Coral, FL 33904	
_				
J)	Jse attachment if nece	essary)		
If an effe		e date must be spe	of filing: (Cecific and cannot be more than five bus	
<u>R</u>	EQUIRED SIGNAT		12/7/04)
	(In ac of this		608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)	
		Typed o	or printed name of signee	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)