670000 20634

(Re	equestor's Name)	·
(7440010101101	
(Ac	ldress)	
	•	
. (Ac	ldress)	
(Cit	ty/State/Zip/Phone	· #)
_		-
PICK-UP	☐ WAIT	MAIL
•		
(Bu	siness Entity Nan	ne)
(Do	cument Number)	•
	,	
Certified Copies	_ Certificates	of Status
	.,	
Special Instructions to	Filing Officer:	
		. 00
		122
		100

Office Use Only



700088886317

02/22/07--01034--008 **160.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WORKHORSE, 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:
JEFFERY MCELROY
(Name of Person)
WORKHORSE, LLC
(Firm/Company)
11 OCEAN DRIVE 经有
(Address)
PUNTA GORDA, FLORIDA 33950
(City/State and Zip Code)
11 OCEAN DRIVE (Address) PUNTA GORDA, FLORIDA 33950 (City/State and Zip Code) For further information concerning this matter, please call:
DAWN MCELROY at (941) 628-6758
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$155.00 Filing Fee & Certificate of Status \$\bigcup \\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	1
The name of the Limited Liability Company	y is:
WORKHORSE, LLC	The state of the s
(Must end with the words "Limited Liability Company, "I	Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11 OCEAN DRIVE	11 OCEAN DRIVE
PUNTAGORDAFI 33960	PUNTAGODA, FL 33950 9
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	PUNTA CORDA, FC 53950 ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another State of the registered agent are:
JEFFERY MCELROY	······································
N	ame
11 OCEAN DRIVE	
Florida stree	et address (P.O. Box <u>NOT</u> acceptable)
PUNTA GORDA,	FL 33950
City, Si	tate, and Zip
Having hoon named as registered agent an	d to accent service of process for the above stated limited

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 approvided for in Chapter 608, F.S..

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	DAWN MCELROY	
	11 OCEAN DRIVE	
		
		2
		OTFEB 22 MIN.
		200 P

		— Es
		
(Use attachment if necessary)		
ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.)	e date of filing: (C be specific and cannot be more than five bus	PTIONAL) iness days prior
REQUIRED SIGNATURE:		
Qawna	Y. M. CLOY per or an authorized representative of a member.	
Signature of a memb	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)