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(Re	questor's Name)			
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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: GO	Name of Limited	Saping E-	tractor	· Serv	ice
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
_ Je	essica B.	Goldin ame of Person)			
	(E	irm/Company)		TALL SECTION	and the
22 M	ichelle St	reet		EB 26 TARK	
Crawf	ordville,	Florida tate and Zip Code)	3232	PR III	
For further information co	oncerning this matter, please c	all:		, C.P.	
Jessica (Name o	Goldin E	t (<u>850</u>) <u>59</u> (Area Code & Daytime	I – Q O	7	
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 Fili Certificate Certified C (additional co	of Status &	
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporati		,	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The mailing address and street address of the p	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
22 Michelle Street (Crawfordville, FL	< Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the European Registration (Tessica Registration)	registered agent are:
22 Michelle Florida street ad Crawfordville	e Street dress (P.O. Box <u>NOT</u> acceptable)

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..

Registered Agent's Signature (REQUIRED)

City, State, and Zip

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Tain Callin
MGK	Jessica Joldin 22 Michelle Street Crawfordville, FL 32327
MGRM	Larry Goldin 22 Michelle Street Crawfordville, FL 32327
	AE 08
	AHASSE
(Use attachment if necessary)	EFFLOR
ICLE V: Effective date, if other than the a effective date is listed, the date must be 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	

Filing Fees:

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

that the facts stated herein are true.)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee