## Florida Department of State

**Division of Corporations** Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000071724 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HUBCO

Account Number : 104662003400

Phone

: (516)935-3940

Fax Number

: (516)935-3088

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## Koshlap Construction LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 2 7 2009

3/26/2009

**EXAMINER** 

https://efile.sunbiz.org/scripts/efilcovr.exe

H09000071724

## ARTICLES OF ORGANIZATION FOR

	FOR		
ARTICLE I - Name	CORIDA LIMITED LIABILITY COMPANY		
	npany is: Koshlap Construction LLC		
ARTICLE II - Address			
The mailing address and street address	s of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
5201 NW 2nd Avenue, Unit PH-I	5201 NW 2nd Avenue, Unit PH-L	·	
Boca Raton, FL 33487	Boca Raton, FL 33487		
	· · · · · · · · · · · · · · · · · · ·	·	
ARTICLE III - Registered Ag The name and Florida street address of	gent, Registered Office & Registered Agent's Signature of the registered agent are:	09 HAR	SECR DIVISION
	Richard Koshlap	工 第	<u> </u>
	Name	26	PAT
	5201 NW 2nd Avenue, Unit PH-L	AH	22 C
	(P.O. Box or Mail Drop Box NOT Acceptable)	₩	Y OF ST
	Boca Raton, FL 33487	£	ATION
	(City / State / 7im)		2

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 - Richard Koshiap

03/26/2009 3:29:37	PM -0500 POWERED BY ORCAFAX	PAGE 3 OF 3
	the second of th	
ARTICLE IV - Manager(	s) or Managing Member(s):	H09000071724
	Manager or Managing Member is as follows:	
<u>Tide:</u>	Name and Address:	
"MGR" = Manager "MGRM" = Managing Membe	r	
MGR	Richard Koshlap - 5201 NW 2nd Avenue, Unit PH-L	, Boca Raton, FL 33487
(Use attachment if necessary)		
REQUIRED SIGNATURE:	•	
<del>g.</del>	Richard Koollap	_
Signa	ture of a member or authorized representative of a member.	•
docume	rdance with section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury therein are true.)	

Richard Koshlap

Typed or printed name of signee

SECRETARY OF STATE DIVISION OF CORPORATIONS