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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							

Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

Office Use Only



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SECRUTARY OF STAFF ALL AHASSEF FLORID

COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	T: McCloskey Aspha	alt Se	eal Coati	ng & S	triping, LLC
	Name of Limite	d Liabi	llity Company	į	
The enclo	sed Articles of Organization and fee(s) are s	ubmitte	ed for filing.		
Please ret	urn all correspondence concerning this matte	er to the	following:		
			Kirkpatrick		
	Mile High (itive Group	o, LLC	
	141	6 Rei	ner Road		
	1711		iress		
	Eagle	eville,	PA 1940	3	
	•		nd Zip Code		
	E-mail address: (to be used for	atrick or future		notification)
For furthe	er information concerning this matter, please	call:	•		. ,
	Kenneth Kirkpatrick	at (610		457-4108
	Name of Person		Area Code &	Daytime T	elephone Number
Enclosed	is a check for the following amount:				
\$125. 00	Filing Fee \$\int \$130.00 \text{ Filing Fee & Certificate of Status}\$	Ce	5.00 Filing rtified Copy ditional copy is		S160.00 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/Cour Registration Division of Clifton Buil 2661 Execu Tallahassee	Section Corporation ding tive Cente	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:	
McCloskey Asphalt Sea (Must end with the words "Limited	al Coating & Striping, LLC Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of t	he principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
3401 N. 29th Ave	3401 N. 29th Ave	
Suite 101	Suite 101	
Hollywood, FL 33020	Hollywood, FL 33020	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must designate an ind	t's Signature: ividual or another
	idow Cleaning, LLC	
	Name	
	•	
	th Ave, Suite 101	
	(P.O. Box <u>NOT</u> acceptable)	
Hollywood, FL 330		
City, St	tate, and Zip	
Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certificate, I hereby accept pacity. I further agree to comply wi ste performance of my duties, and I d	the appointment as ith the provisions of al am familiar with and
Registered Agents S	Oignature (REQUIRED)	10 JAN 19 AHI SECRETARY OF TALLAHASSEE FI
(CON	TINUED)	平

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" = Manage	-	Name and Address:				
"MGRM" = Mana						
MGR		Christopher Lientz				
		100 Centrenest Lane				
	:	Centreville, DE 19807	-			
MGR		Kenneth Kirkpatrick				
		1416 Reiner Road				
Y	• 1.	Eagleville, PA 19403				
	_					
		·····				
			 -			
	•					
(Use attachment if	necessary)					
ADDROVE BY DOOLAGE J	-4- \frac{1}{2} -4 - \f	- c c t t	ODTIONAL)			
		of filing: 01/14/10 . (cific and cannot be more than five by				
to or 90 days after the dat	•	the and cannot be more than tive be	iameaa uuya pi ioi			
DECLUDED OV	N. A. (THE YEAR)					
<u>REQUIRED</u> SIG	NATURE:	_ 1				
	LW311XI					
	Signature of a member or a	n authorized representative of a member.				
		08.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury e true.)				
	Kenneth Kirkpatrick Typed or printed name of signee					
pita - P						
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)

SECRETARY OF STATE