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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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B. KOHR
JUN 1 5 2010

EXAMINER

DIVISION OF CORPORATIONS

COVER LETTER

Registration Section
Division of Corporations

***TO:**

SUBJECT: Wrightw	ay Building Services L	LC,	10
\(\frac{1}{2} \)	Name of Limit	ed Liability Company	الا
	of Organization and fee(s) are		10 JUN 14 MM
•	~	J	٩
Mark Wright		N. CD	
		Name of Person	
Wrightway Bu	uilding Services LLC.		
<u> </u>		Firm/Company	
397 Sandy Ca	av Dr		
oor candy of		Address	
Destin, Florid		y/State and Zip Code	
wrightwaybs@		syratic and zip code	
WilgitteayDate		for future annual report notification)	
For further information	concerning this matter, please	e call:	
Wanda Wright		at (850) 259-6774	
Name	of Person	Area Code & Daytime Teleph	one Number
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy	\$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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wrightway Building Services LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street addre	ss of the principal office of the Limited Liability Compar
Principal Office Address:	Mailing Address:
Wrightway Building Services LLC.	Wrightway Building Services LLC.
397 Sandy Cay Dr.	397 Sandy Cay Dr.
Destin, Florida 32550	Destin, Florida 32550
The name and the Florida street addr	ress of the registered agent are:
Mark Wright	
	Name
397 Sandy Cay	Dr
Flor	rida street address (P.O. Box NOT acceptable)
Destin	pr. 32550

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = N "MGRM" =	lanager Managing Mem	ber	Name and Addre	ess:	
MGR	<u> </u>		Wanda 397 Sand Destin, Fl	Wrigh y Cay 16 3255)
(Use attachr	nent if necessary)			
LE V: Effective date	ctive date, if other is listed, the date of filing.	than the da e must be s	te of filing:		(OPTION
LE V: Effective date	ctive date, if other is listed, the date	than the da e must be s	te of filing:		(OPTION
LE V: Effective date	etive date, if other is listed, the date he date of filing.	than the da e must be s	te of filing: pecific and cannot b	e more than f	(OPTION īve business da
LE V: Effective date	etive date, if other is listed, the date he date of filing. D SIGNATURE Signature of (In accordan of this docur	than the da e must be s	te of filing: pecific and cannot be an authorized representation and seed to be an affirmation under	entative of a me	(OPTION ive business da

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