

L10 00004167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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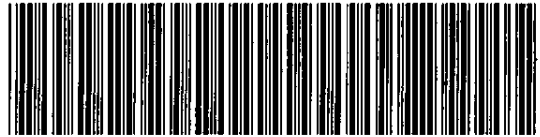
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
10 JUN 14 PM 1:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
JUN 15 2010
EXAMINER

June 9, 2010

Registration Section
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please accept these forms as an application to form a Florida Limited Liability Company
in the name of Wildcat Construction LLC.

Name	Gary L. Mochel
Address	379 N. Jackson Street Freeport, FL 32439
Telephone	850-830-9944

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WILDCAT CONSTRUCTION LLC

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

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

379 N. Jackson Street

Freeport, FL 32439

Mailing Address:

379 N. Jackson Street

Freeport, FL 32439

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Gary L. Mochel

Name

379 N. Jackson St.

Florida street address (P.O. Box **NOT** acceptable)

Freeport

FL

32439

City, State, and Zip

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..

Gary L. Mochel

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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JACKSONVILLE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Gary L. Mochel

379 N. Jackson Street

Freeport, FL 32439

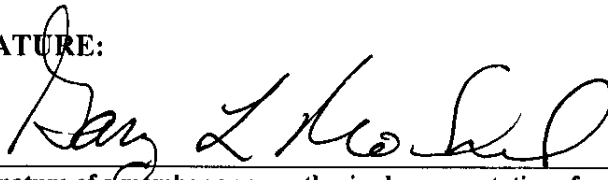
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10 JUN 14 PM 1:58

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Gary L. Mochel

Typed or printed name of signee

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)