

U10000069817

(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:

Office Use Only



300182602883

06/30/10--01005--017 **130.00

T. CLINE

JUL - 1 2010

EXAMINER

2010 JUN 30 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROLAND DENK LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Herbert Putz

Name of Person

Firm/Company

1120 Homestead Rd Suite 100

Address

Lehigh Acres, FL 33936

City/State and Zip Code

firstleem@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Herbert Putz

Name of Person

at (239) 303-1616

Area Code & Daytime Telephone Number

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 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 Circle
Tallahassee, FL 32301

2010 JUN 30 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Roland Denk 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:

1120 Homestead Rd Suite 100

Lehigh Acres, FL 33936

Mailing Address:

P O Box 1508

Lehigh Acres, FL 33970

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:

Herbert Putz

Name

1120 Homestead Rd Suite 100

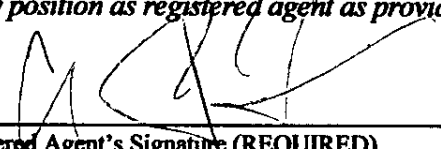
Florida street address (P.O. Box **NOT** acceptable)

Lehigh Acres

FL 33936

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2011 JUN 30 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

MGR

Herbert Putz

1120 Homestead Rd

Lehigh Acres, FL 33938

(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.)

2010 JUN 30 AM 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.)

Herbert Putz

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)