# 10000090780

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

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EXAMINER

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SIGNETARY OF STATE
ASSOCIATION OF STATE

August 25, 2010

Florida Department of State Division of Corporations

Please accept this application for Florida Limited Liability Company status. Also enclosed is a check for \$155.00 for the Filing Fee and Certified Copy.

Applicant Name and contact information:

Bruce Balicki 1046 Sedeeva St. Clearwater Fl 33755 727-298-0545 or 727-687-8653

Regards,

Bruce Balicki

SEONETHRY OF STATE

Marie Services

# , COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BRUCE Balicki Custom Carpentry LIC 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:		
BRUCE Balicki Name of Person		
Bruce Balicki Custom Carpentry		
1046 sedeeva st.		
ClearWater F1 33755 City/State and Zip Code		
bbalickil@ tampabay.rr.com  E-mail address: (to be used for future annual report hotification)		
For further information concerning this matter, please call:		
BRUCE Balicki at (727) 687-8653  Name of Person Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  S125.00 Filing Fee S130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,		
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, □  Certificate of Status Certified Copy (additional copy is enclosed) 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Bruce Balicki C (Must end with the words "Limited Liabil	ustom Carpentry LLC.
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1046 Sedeeva St Clearwater, Fl 33755	1046 Sedeeva St Clearwater, Fl 33755-
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
BRUCE B	alicki 27 PH
1046 Sede Florida street add	ress (P.O. Box NOT acceptable)
<u>Clearwate</u> City, Sta	EFL 33755 tte, 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)
Page 1 of 2

# The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member BRUCE Balicki MGRM (Use attachment if necessary) . (OPTIONAE) **ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.) Typed or printed name of signee

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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