

# L10000096403

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

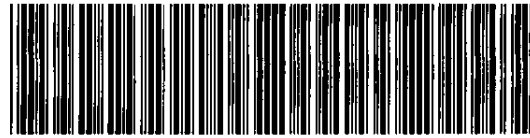
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2010 SEP 14 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 15 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SEPTIC SAVERS "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:

WILLIAM A. KOSHIOŁ  
Name of Person

SEPTIC SAVERS LLC.  
Firm/Company

1935 W. MINNESOTA AVE.  
Address

DELAND, FL. 32720  
City/State and Zip Code

IKOSHIOŁ@CFL-RR.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM A. KOSHIOŁ at (386) 748-1324  
Name of Person 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SEPTIC SAVERS "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:

#### Mailing Address:

1935 W. MINNESOTA AVE  
DELAND, FL.  
32720 } SAME

### 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:

WILLIAM A. KOSHIOL  
Name  
1935 W. MINNESOTA AVE  
Florida street address (P.O. Box NOT acceptable)  
DELAND FL 32720  
City, State, and Zip

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TALLAHASSEE, FLORIDA

*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..*

William A. Koshiof  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows: 2010 SEP 14 PM 12:13

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGR

WILLIAM A. KOSHIOLO  
1935 W. MINNESOTA AVE  
DELAND, FL. 32730

MGRM

JANICE B. KOSHIOLO  
1935 W. MINNESOTA AVE  
DELAND, FL. 32720

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: SEPT 11, 2010. (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:**

William A Koshio  
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.)

WILLIAM A. KOSHIOLO  
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)**