L12-600057784

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nar	me)
(Docu	ment Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	
		,

Office Use Only



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04/27/12--01010--011 **125.00

2012 APR 27 PH 12: 68
SECRETARY OF STATE

T. CLINE
APR 3 0 2012
EXAMINER

COVER LETTER

TO: Registration of Division of	on Section f Corporations		·	
SUBJECT: CZV	worka, LLC			
	Name of Limi	ted Liability Company		
	es of Organization and fee(s) are	Ū		
Please return all cor	respondence concerning this ma	tter to the following:		
Frank	Czworka			
		Name of Person		
Czwor	ka, LLC		•	
		Firm/Company		
1716 -	- 40th Avenue			
		Address		
Vero Be	each, FL 32960			
		ty/State and Zip Code	70 2	
czrwk1cl	harm@yahoo.com	for future annual report notification)		* Sacret
			2012 APR 27 SECRETARY	Access Access
For further informat	ion concerning this matter, pleas	e call:	27 RY SSEE	· 图图
Frank Czworl	ka	_ _{at (} 772 ₎ 539-7553	OF S	i :
Na	ame of Person	Area Code & Daytime Teleph	7 PH 12: ASEE, FLORIDA	******
Enclosed is a chec	k 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 Ci	rcle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compan	y is:
Czworka, 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	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1716 - 40th Avenue Vero Beach, FL 32960	1716 - 40th Avenue Vero Beach, FL 32960
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual of mothers.
The name and the Florida street address of	

Frank Czworka

Name

1716 - 40th Avenue

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

Vero Beach

_{FL}32960

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)

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Frank·Czworka
	1716 - 40th Avenue
	Vero Beach, FL 32960
MGRM	Ida Czworka
	1716 - 40th Avenue
	Vero Beach, FL 32960
	
(Use attachment if necessary)	SE TAL
LE V: Effective date, if other than th	e date of filing: May 1, 2012 (PPTION
	be specific and cannot be more than five business da
days after the date of filing.)	SEE T
	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
REQUIRED SIGNATURE:	NATIONAL CONTRACTOR OF THE PROPERTY OF THE PRO
(Yearst	(runter)
Signature of a meml	ber of an authorized representative of a member.
	ber of an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document

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)

Frank Czworka

Typed or printed name of signee

constitutes a third degree felony as provided for in s.817.155, F.S.)