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

Office Use Only



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EFFECTIVE DATE 08:01-12

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SECKA KARY OF STATE
AHASSEE, FLORIDA

B. BOSTICK
AUG - 2 2012
EXAMINER

COVER LETTER

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TO: Registratio Division of	n Section Corporations		
_{SUBJECT:} Wig	ht Construction Se	rvice LLC	
	Name of Limit	ed Liability Company	
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please return all corr	espondence concerning this matt	ter to the following:	
Robert	W. Wight		
-11111 - 111 111		Name of Person	
Wight 0	Construction Service	e	
		Firm/Company	
5213 P	alangos Dr.	· · · · · · · · · · · · · · · · · · ·	
		Address	72 12 12 12 12 12 12 12 12 12 12 12 12 12
Punta Go	orda Fl. 33982		A 6 7
		y/State and Zip Code	AND SSEE
wcs.build	s@gmail.com	for future annual report notification)	E P
For further information	ion concerning this matter, please	•	12 AUG - 1 PH 12: 14 SECONSTATE S
Robert Wight		at (941) 628-3616	9
Na	me of Person	Area Code & Daytime Te	lephone Number
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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Wight Construction Service	ce L.L.C.	
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")	**********
ARTICLE II - Address:		
The mailing address and street address of	f the principal office of the Limited Liabili	ity Company is:
Principal Office Address:	Mailing Address:	
5213 Palangos Dr.	5213 Palangos Dr.	
	Punta Gorda Fl. 33982	
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address	ristered Office, & Registered Agent's Signant was registered Agent. You must designate an individual and indivi	or months
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)	ristered Office, & Registered Agent's Signand was Registered Agent. You must designate an individual of the registered agent are:	or another
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its of business entity with an active Florida registration.) The name and the Florida street address	ristered Office, & Registered Agent's Signate an individual of the registered agent are:	or another
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address Santi DePaul 23191 MacD Florida	pistered Office, & Registered Agent's Signate an individual of the registered agent are: Name Ougall Av. street address (P.O. Box NOT acceptable)	or another AUG - P
ARTICLE III - Registered Agent, Registered Agent, Registered Limited Liability Company cannot serve as its of business entity with an active Florida registration.) The name and the Florida street address Santi DePaul 23191 MacD	ristered Office, & Registered Agent's Signate an individual of the registered agent are: Name Ougall Av.	or another

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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM	Robert W. Wight	
	5213 Palangos Dr.	
	Punta Gorda Fl. 33982	
		2 TM
· · · · · · · · · · · · · · · · · · ·		The second secon
		PA III
		
(Use attachment if necessary) CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)	he date of filing: 8/01/12 t be specific and cannot be more than f	(OPTIONAL) ive business days prio
REQUIRED SIGNATURE:	<u>(J.J.)</u>	····
Signature of a mem	the or an authorized representative of a me	mber.
constitutes an affirmation un I am aware that any false inf	508.408(3), Florida Statutes, the execution of the der the penalties of perjury that the facts stated formation submitted in a document to the Departure only as provided for in s.817.155, F.S.)	herein are true.
Robert W. W	Vight	
	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)