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| (Re                                     | questor's Name)   |                 |  |  |
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| PICK-UP                                 | WAIT              | MAIL            |  |  |
| (Bu:                                    | siness Entity Nan | ne)             |  |  |
| (Document Number)                       |                   |                 |  |  |
| Certified Copies                        | _ Certificates    | of Status       |  |  |
| Special Instructions to Filing Officer: |                   |                 |  |  |
|   |                   |                 |  |  |
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K.SALY EXAMINER FEB 15 2013

| COVER DETTER  |
|---|
| TO: Registration Section Division of Corporations   |
| SUBJECT: VIKIUG Water PROOFING Painting.  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:   |
| Steven D. Fotts Name of Person  |
| VIKING WATER PROFING Towning  |
| 5816 clover Lgne.   |
| PORT ORANGE FLORIDA 32127  City/State and Zip Code  |
| City/State and Zip Code  Steve D For 68 (2) 9 mg/l. com  E-mail address: (to be used for future luminal report notification)  |
| For further information concerning this matter, please call:  |
| Sreve D Potts at (386) 299-4585  Name of Person Area Code & Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| □\$125.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  S160.00 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

| The name of the Limited Liability Company is:   |
|---|
| Viking Waterproxing 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 C. |

| Princ | inal | Office | Address. |
|-------|------|--------|----------|

**ARTICLE I - Name:** 

### Mailing Address:

| 5816 Clover Lane Fort CRANGE<br>FL, 32127 | 5816 COUR Lane<br>PORT ORAN GP FLOTIDA,<br>32127 |
|---|--|
|   |  |

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:

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..

(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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (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.) **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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)

# 130.00

Page 2 of 2

TOTO L.

THANK YOU

STEND OFTO