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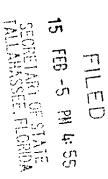
| • (Requestor's Name) | _ |
|---|---|
| (Address) | _ |
| (Address) | _ |
| (City/State/Zip/Phone #) | _ |
| PICK-UP WAIT MAIL | |
| | _ |
| (Business Entity Name) | |
| (Document Number) | _ |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | |
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Office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



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FEB 1 6 2015 S. YOUNG

COVER LETTER

| Division of Corporations | |
|---|---|
| SUBJECT: BRETZKE CONSTRUCTION SER | |
| Name of Lim | ited Liability Company |
| The enclosed Articles of Organization and fee(s) are | e submitted for filing. |
| Please return all correspondence concerning this ma | tter to the following: |
| DAVID W BRETZKE | |
| | Name of Person |
| BRETZKE CONSTRUCTION SERV | VICES LLC Firm/Company |
| 376 VALENCIA CIRCLE | Address |
| OVIEDO FL 32765 | ty/State and Zip Code |
| DBRETZKE@CFL RR COM | for future annual report notification) |
| For further information concerning this matter, pleas | se call: |
| | 97 * |
| DAVID BRETZKE at (4 | |
| Name of Person | Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| □ \$125.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address | Street/Courier Address |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 Tallahassee, FL 32314 | 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:

| BRETZKE CONSTRUCTION SERVICES LLC | |
|---|---|
| | Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal of | office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 376 VALENCIA CIRCLE OVIEDO FL 32765 | 376 VALENCIA CIRCLE OVIEDO FL 32765D |
| ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration | Registered Agent. You must designate an individual or |
| The name and the Florida street address of the registered | d agent are: |
| DAVID W BRETZKE | |
| Namo | * EA P D |
| 376 VALENCIA CIRCLE Florida street address (P.O. Bo | |
| OVIEDO | FL 32765 |
| City | 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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| "AMBR" = Authorized Me | Mame and Address: | | |
|--|---|-----------------------------|---|
| "MGR" = Manager MGR | DAVID W BRETZKE 376 VALENCIA CIRCLE OVIEDO FL 32765 | | |
| | | | |
| | | | |
| (Use attachment if necessar | v) | | |
| T.F.V. Effective data if other | than the date of filing: Feb 2, 2015 (OPTION | ATA | |
| e of filing.) | | | u |
| G, | ny. | | |
| LE VI: Other provisions, if a | | | |
| G, | | | |
| REQUIRED SIGNATUR Signa (In accordance w constitutes an aff I am aware that a | E: Iture of a member or an authorized epresentative of a member. ith section 605.0203 (1) (b), Florida Statutes, the execution of this do irmation under the penalties of perjury that the facts stated herein are ny false information submitted in a document to the Department of St degree felony as provided for in s.817.155, F.S.) | true. | |
| REQUIRED SIGNATUR Signa (In accordance w constitutes an aff I am aware that a | E: Ature of a member or an authorized persentative of a member. ith section 605.0203 (1) (b), Florida Statutes, the execution of this do irmation under the penalties of perjury that the facts stated herein are ny false information submitted in a document to the Department of States degree felony as provided for in s.817.155, F.S.) David W Bretzke | true. | |
| REQUIRED SIGNATUR Signa (In accordance w constitutes an aff I am aware that a | E: ature of a member or an authorized persentative of a member. ith section 605.0203 (1) (b), Florida Statutes, the execution of this do irmation under the penalties of perjury that the facts stated herein are ny false information submitted in a document to the Department of St | true. | |
| Signa (In accordance we constitutes an aff I am aware that a constitutes a third state of the st | iture of a member or an authorized persentative of a member. ith section 605.0203 (1) (b), Florida Statutes, the execution of this do irmation under the penalties of perjury that the facts stated herein are ny false information submitted in a document to the Department of Stategree felony as provided for in s.817.155, F.S.) David W Bretzee Typed or printed name of signee Filing Fees: Ticles of Organization and Designation of Registered Agent (Optional) | 15 FEB -5 tate SECRETARY OF | d |
| REQUIRED SIGNATUR Signa (In accordance w constitutes an aff I am aware that a constitutes a third | iture of a member or an authorized persentative of a member. ith section 605.0203 (1) (b), Florida Statutes, the execution of this do irmation under the penalties of perjury that the facts stated herein are ny false information submitted in a document to the Department of Stategree felony as provided for in s.817.155, F.S.) David W Bretzee Typed or printed name of signee Filing Fees: Ticles of Organization and Designation of Registered Agent (Optional) | true. 15 FEB SECRETA | |

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-