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(Requestor's Name)
(Addiess)
(Address)
(C.) (Ch.) (T.) (Dh.) (19
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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PLANETARY OF STATE

COVERLETTER

	v Filing Section ision of Corporations			
SUBJECT:	WALCOCH	BNILPERS	uc	
		Name of Limited	Liability Company	
The enclosed	l Articles of Organization	and fee(s) are sub	mitted for filing.	
Please return	all correspondence conc	erning this matter t	o the following:	
_	STEPHAN	WALDOCH		
		N:	inie of Person	
_				
	2010		Comme 11	
_	8507	CMILE	Address	<u> </u>
	TALLA	HASSEE /	7 3230)	
_		City/S	tate and Zip Code	· <u></u>
	LALALE	OCH @ M	IAC COM	
_			uture annual report notifi	cation)
For further inf	ormation concerning this	matter, please call	:	
<	COSCHOW WALDO	ca 85	50 712	5018
=	Name of Person	Area (Code Daytime Telep	hone Number
Enclosed is a	check for the following	amount:		
S125.00 Fili	ng Fee \$130.00 Fi	of Status	\$155.00 Filing Fee & Certified Copy dditional copy is enclosed	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address		Street Address	
	New Filing Section	utione	New Filing Section Division of Corpo	
	Division of Corpora P.O. Box 6327	ations	Clifton Building	rauons
	Tallahassee, FL 32.	314	2661 Executive C Tallahassee, FL 3	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WALDOCH BUILDERS LL	
(Must contain the words "Limited Liability Compa	any, "L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and street address of the principal office of the Lin Principal Office Address:	nited Liability Company is: <u>Mailing Address</u> :
Trincipal Office Address.	
8509 LITTLE SCONIC LANTE TACCAHAGSEE PL 3239	

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

ARTICLE I - Name:

STEPHAN WALDOCH

Name

8509 11774 SCENIC LANG

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

TALLAHASSE FL 32709

City State 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)

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as

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

Name and Address:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

STEPHAN WALDUCK

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)

ARTICLE IV-

"MGR" = Manager

"AMBR" = Authorized Member

(Use attachment if necessary)

the document's effective date on the Department of State's records.

the date of filing.)

\$ 5.00 Certificate of Status (Optional)

WILL WALFOCK will not reinstate WALFOCK BUILDER LLC

Document number <u>L03000055667</u>

And will file a new filing with the same name.

I AM THE OWNER OF BOTH LLC & CORP.