

L24000097461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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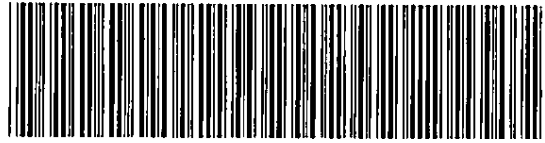
(Business Entity Name)

(Document Number)

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2024 FEB 27 AM 9:10
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INC

1. **WORKSAFE MAPPING, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

FILED
FEB 27 AM 10:12
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

**ARTICLES OF ORGANIZATION
FOR
WORKSAFE MAPPING, LLC**

The undersigned Organizer, desiring to form a limited liability company pursuant to the provisions of the Florida Revised Limited Liability Company Act (the "Act"), hereby submits, and files with the Florida Department of State, the following Articles of Organization.

ARTICLE I -- NAME:

The name of the Limited Liability Company shall be: WORKSAFE MAPPING, LLC (the "Company").

ARTICLE II — ADDRESS:

The mailing address and street address of the principal office of the Company shall be as follows:

921 Allegro Lane
Apollo Beach, Florida 33572

ARTICLE III -- REGISTERED AGENT AND REGISTERED OFFICE:

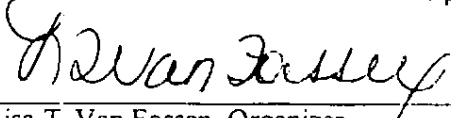
The address of the initial registered office of the Company in the State of Florida is 121 N. Collins Street, Plant City, Florida 33563, and the name of the registered agent at such address Daniel M. Cotton.

ARTICLE IV – MANAGEMENT:

The Company shall be managed by one or more Managers. The names and addresses of the initial Managers are:

Lisa T. Van Fossen	Pete Van Fossen	Kyle Kitlinski

IN WITNESS WHEREOF, the undersigned Organizer has executed these Articles of Organization this 23rd day of February, 2024. In accordance with Section 605.0201 of the Act, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Lisa T. Van Fossen, Organizer

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

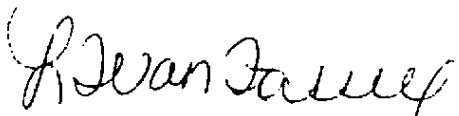
FILED
2024 FEB 27 AM 11:00
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

Pursuant to the provisions of Sections 605.0113, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the company is:

WORKSAFE MAPPING, LLC
2. The name and address of the registered agent and office is:

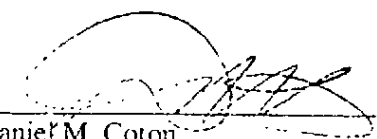
Daniel M. Coton
121 N Collins Street
Plant City, FL 33563



Lisa T. Van Fossen, Organizer
2/23/2024

DATE

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.



Daniel M. Coton

2/23/2024

DATE

FILED

2024 FEB 27 AM 3

FILED