

LD3000003570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

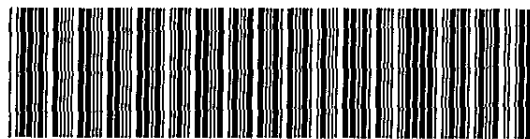
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Certified Copies _____

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Office Use Only



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AND
03 JAN 29 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VB
1-30-03

Paul M. Hellings
390 A1A Beach Blvd. D-46
St. Augustine, Fl. 32080
Tel. 904-471-8318 Cel. 904-669-1697

January 27, 2003

Registration Section
Division of Corporations
P.O.Box 6327
Tallahassee, Florida 32314

To Whom it may concern,

Please find enclosed with this cover letter, the following:

1. Articles of Organization for Florida Limited Liability Company (Quixote Enterprises LLC)
2. Check # 0101 in the amount of \$160.00 in payment for the following services:
 - \$ 100 Filing Fee for Articles of Organization
 - \$ 25 Designation of Registered Agent
 - \$ 30 Certified Copy
 - \$ 5 Certificate of Status

I may be reached during working hours at either 904-471-8318 or 904-669-1697 (cell.)

Thank you for your attention to this matter.

Sincerely,



Paul M. Hellings

encl: Articles of Organization for Quixote Enterprises LLC
Chk # 0101 - \$ 160.00

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AND
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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Quixote Enterprises LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

390 A1A Beach Blvd. D-46 St. Augustine, Florida 32080

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Paul M. Hellings

Name

390 A1A Beach Blvd. D-46

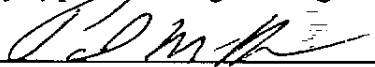
Florida street address (P.O. Box **NOT** acceptable)

St. Augustine

FL 32080

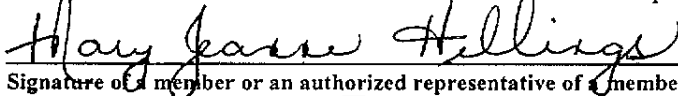
City, State, and Zip

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 608, F.S.



Registered Agent's Signature

(An additional article must be added if an effective date is requested)


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.)

Mary Jeanne Hellings

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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