

L03000005161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

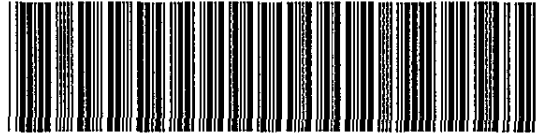
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300011996263

02/10/03--01064--017 **125.00

BK

FILED
03 FEB 10 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Law Offices
Hershoff, Lupino & Mulick, L.L.P.

90130 OLD HIGHWAY
TAVERNIER, FLORIDA 33070
(305) 852-8440 • (305) 852-8848 FAX

ATTORNEYS AT LAW

JAY A. HERSHOFF
JAMES S. LUPINO
NICHOLAS W. MULICK
KURT A. VON GONTEN
JESSICA ROTHENBERG
MICHELLE D. YANCHULA
RUSSELL A. YAGEL

LAND USE COORDINATOR
PETER D. BACHELER

OF COUNSEL
J. ALLISON DeFOOR, II

February 6, 2003

Secretary of State
Division of Corporations
409 E. Gaines Street
P.O. Box 6327
Tallahassee, Florida 32314

FILED
03 FEB 10 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

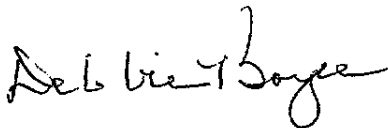
Re: Tagua-Ivory products, LLC

Dear Sir or Madam:

Enclosed please find two Articles of Organization for the above referenced company, together with a check in the sum of \$125.00 to cover the cost of recording.

Please return a conformed copy to the letterhead address above.

Very truly yours,



Debbie Boyce, Secretary to
James S. Lupino

DB:db
Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: TAGUA-IVORY products, LLC

ARTICLE II - Address:

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

136 Gimpy Gulch Drive, Islamorada, Florida 33036

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

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

Clarice Rachel Strang
Name
136 Gimpy Gulch Drive
Florida street address (P.O. Box **NOT** acceptable)
Islamorada FL 33036
City, State, and Zip

FILED
03 FEB 10 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Clarice Rachel Strang
Registered Agent's Signature

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

Clarice Rachel Strang
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.)

Clarice Rachel Strang
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)