# L08000036211

(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



800122018468

04/10/08--01001--010 \*\*125.00

RECEIVED

08 APR -9 PH 3: 39

OFFICE PROPERTY OF THE PROPERTY

08 APR -9 AM 9: 29
SECRETARY OF STATE
TALL AHASSEF. FLORID.

B. KOHR

APR 1 0 2008

**EXAMINER** 

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Walk-In

Will Pick Un

3 PJ BUX DESIZN, LLC	The state of the s
•	Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File
	Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal
	Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing
	Certificate of Status  Certificate of Fictitious Name  Corp Record Search  Officer Search  Fictitious Search
Signature	Fictitious Owner Search  Vehicle Search  Driving Record
Requested by: $\sqrt{\frac{1}{7}}$ $\sqrt{\frac{100}{\text{Time}}}$	UCC 1 or 3 File UCC 11 Search
a versare and solve control	UCC 11 Retrieval

### ARTICLES OF ORGANIZATION OF 3<sup>rd</sup> BOX DESIGN, LLC

### **ARTICLE I - NAME**

The name of the limited liability company is 3rd Box Design, LLC, ("compare

### **ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability

Company is:

Principal Office Address: 97315 Blackbeard Way

Yulee, Florida 32097

Mailing Address: P.O. Box 1690

Yulee, Florida 32041

### ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Dolf James 97315 Blackbeard Way Yulee, Florida 32097

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.

Dólf James

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

<u>l'itle</u>:

Name and Address:

 $\overline{MG}R'' = Manager$ 

"MGMR" = Managing Member

**MGMR** 

Dolf James

97315 Blackbeard Way Yulee, Florida 32097

# REQUIRED SIGNATURE:

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.)

Dolf James
Typed or printed name of signee