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P.O. Box 309 1400 Reid Street Palatka, FL 32178 Phone (386) 328-8488 Fax (386) 328-7430 SoftexFL@aol.com

Softex Products, L.L.C. is hereby submitting **ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.** Enclosed is check # 1266 in the amount of \$125.00 for the filing fees.

If you should have any questions or need further information please contact me at 904-328-8488.

Thank you,

Jacolyn Ireland

Softex Products, L.L.C.

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****125.00 ****125.00

OI JUL -6 PM 2: 16
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Softex Production	ts, L.L.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability P.O. Box 309 1400 Reid Street Polatka Fl 32178 Palatka, Fl 32177	Company is:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signa	iture:
The name and the Florida street address of the registered agent are:	
Name 1400 Reid Street Florida street address (P.O. Box NOT acceptable) Palatka FL 32177 City, State, and Zip	
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appoin registered agent and agree to act in this capacity. I further agree to comply with the p statutes relating to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 60 Registered Agent's Signature	tment as provisions of all iar with and
Article IV - Management (Check box if applicable.)	
The Limited Liability Company is to be managed by one manager or more manatherefore, a manager - managed company.	igers and is,
(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.) Typed or printed name of signee	OI JUL -6 PM 2: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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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ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: P.O. Box 309 1400 Reid Street Palatka Fl 32178 Palatka, Fl 32177
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Jacyn Ireland
1400 Reid Street
Florida street address (P.O. Box NOT acceptable) Fala-Ka FL 32177
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 Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
TALL SEE
(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.)
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Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)