## 12030000/3981ED

JEURETART OF STATE TALLAHASSEE, FLORIDA

(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



200015669322

04/17/03--01029--011 \*\*160.00

SE E

FILED

03 APR 17 AM 10: 56

SEUKLIANY OF STATE
TALLAHASSEE, FLORIDA

April 12, 2003

Ernest Folston, Jr. 7220 NW 128<sup>th</sup> Place Alachua, Fl 32615

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

To Whom It May Concern:

I am writing in response to your request, My name is Ernest Folston, Jr. My mailing address is P.O.Box 1651, Alachua, Fl. 32616 and my phone number is (352) 256-8531. Please feel free to contact me at any time. Thank you for my consideration for my company E. Folston Enterprise, LLC.

Sincerely Yours

Earnest Folston, Jr.

President

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY FILED **ARTICLE I - Name:** 03 APR 17 AM 10: 56 The name of the Limited Liability Company is: E. Folston Enterprises LLC JEUNETÁNT UP STATE TALLAHASSEE, FLORIDA **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: P.O. Box 1651, Alachua, Fl. 326110 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: 7330 NW 138th Pl Florida street address (P.O. Box NOT acceptable) 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.)

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)