

**L03000028162**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JUL 30 AM 9:26

L.A. DAVIS & SONS, LLC  
8848 CR 229  
Wildwood, FL 34785

July 28, 2003

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir:

Enclosed please find Articles of Organization for Florida Limited Liability Company and check in the amount of \$160.00.

*appropriate documents and certificates*  
Please record and return to L.A. Davis & Sons, LLC at above address.

Thank you,



L.A. Davis

enc.

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** L.A. Davis & Sons, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LeBaron A. Davis  
(Name of Person)

L.A. Davis & Sons, LLC  
(Firm/Company)

8848 County Road 229  
(Address)

Wildwood, FL 34785  
(City/State and Zip Code)

For further information concerning this matter, please call:

LeBaron Davis at ( 352 ) 748-6905  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

L.A. Davis & Sons, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

8848 County Road 229  
Wildwood, Florida 34785

**Mailing Address:**

8848 County Road 229  
Wildwood, FL 34785

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

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

Rory Davis

Name

8848 County Road 229

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

Wildwood FL 34785

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

(CONTINUED)

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