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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer.	
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

03 JUL 30 AM 9: 26

SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT. L.A. Davis & Sons, LLC	
SUBJECT: C.A. Davis & Solis, LLC (Name of Limited Lim	ability Company)
The enclosed Articles of Organization and fee(s) at Please return all correspondence concerning this r	
LღBaron 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, pl	ease call:
Le Baron Davis	352 ₎ 7 / 8-6905
(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

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:	Mailing Address:
8848 County Road 229	8848 County Road 229
Wildwood, Florida 34785	Wildwood, FL 34785
Wildwood, Florida 54705	VIIIUWOOU, FL 34703

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 Roa	d 229
Florida street add	ress (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)

Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

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ARTICLE IV- Manager(s) or Managing Member(s):

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

MGRM	LgBaron Davis
	8848 County Road 229
	Wildwood, FL 34785
MGRM	Rory Davis
 _	8848 County Road 229
	Wildwood, FL 34785
MGRM	Margaret K. Davis
	8848 County Road 229
	Wildwood, FL 34785

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

LeBaron A. Davis

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)

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