

L03000028368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

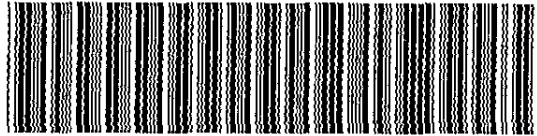
(Document Number)

Certified Copies _____

Certificates of Status _____

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DIVISION OF CORPORATIONS
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Sp

CARL J. BECKER

8962 GREY HAWK POINT • ORLANDO, FLORIDA 32836 • (407) 876-1549 • (386) 527-4775

June 23, 2003

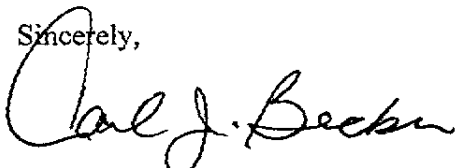
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

I enclosed are the articles of organization and fees for LUXCOR Builders LLC.

Please send Certified Copy and Certificate of Status to the above address.

If you have any questions, please feel free to call me.

Sincerely,



Carl J. Becker

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUXCOR Builders 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:

Carl J. Becker
(Name of Person)

LUXCOR Builders LLC
(Firm/Company)

8962 Grey Hawk Point
(Address)

Orlando, FL 32836
(City/State and Zip Code)

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For further information concerning this matter, please call:

Carl J. Becker at (407) 876-1549
(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:

LUXCOR Builders LLC

ARTICLE II - Address:

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

Principal Office Address:

8962 Grey Hawk Point

Orlando, FL 32836

Mailing Address:

PO Box 954144

Lake Mary, FL 32795

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

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

Carl J. Becker

Name

8962 Grey Hawk Point

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

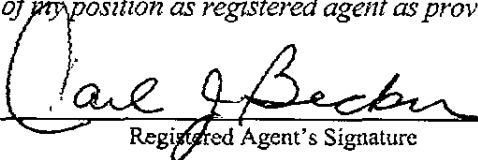
Orlando

FL

32836

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

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(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

"MGRM"

Carl J. Becker

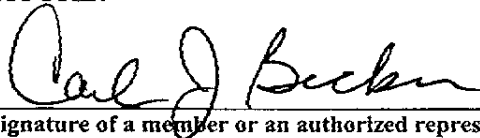
8962 Grey Hawk Point

Orlando, FL 32836

(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.)

CARL J. BECKER

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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