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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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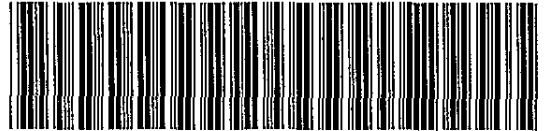
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS  
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**TRANSMITTAL LETTER  
FOR FLORIDA LIMITED LIABILITY COMPANY**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** PACK & SHIP, LLC.  
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit  
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50.  
**Please send one check for the total amount made payable to the Florida Department of State.**

**FROM:** RUBY BURGESS/owner / PACK & SHIP, LLC  
Name (Printed or typed)

13430 DULF BEACH Highway  
Address

PRUSACOLA, FL 32507  
City, State & Zip

850 492-9696  
Daytime Telephone number

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

*PACK & SHIP LLC.*

**ARTICLE II - Address:**

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

*13430 GULF BEACH HIGHWAY  
PENSACOLA, FL 32507*

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

*20 YEARS*

**ARTICLE IV - Management:**

(check and complete the appropriate statement)

- ☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

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- ☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

*BRIAN YOUNG  
RUBY BURGESS-YOUNG  
5701 FAIR OAK LANE  
PENSACOLA, FL 32507*

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_

PACK & SHIP LLC.

2. The name and address of the registered agent and office is:

RUBY BURGESS YOUNG  
(NAME)

13430 GULF BEACH HWY  
(P. O. Box NOT ACCEPTABLE)

PENSACOLA, FL 32507  
(CITY/STATE/ZIP)

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*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.*

Ruby Burgess Young  
(SIGNATURE)

7-15-2003  
(DATE)

**Filing Fee: \$ 35 for Designation of Registered Agent**