

LO3 000044412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

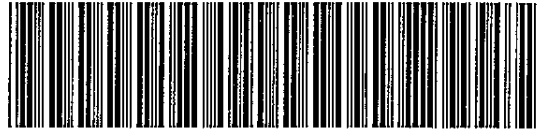
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LO3-44412
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRU-Cost Systems, 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:

Martin B. Labbe
(Name of Person)

(Firm/Company)

555. W. Granada Blvd., Ste. F-11
(Address)

Ormond Beach, FL 32174
(City/State and Zip Code)

For further information concerning this matter, please call:

Martin B. Labbe at (386) 672-4413
(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:

TRU-Cost Systems, LLC

ARTICLE II - Address:

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

Principal Office Address:

555 W. Granada Blvd.
Suite F-11
Ormond Beach, FL 32174

Mailing Address:

555 W. Granada Blvd.
Suite F-11
Ormond Beach, FL 32174

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

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

Martin B. Labbe
Name
555 W. Granada Blvd, F-11
Florida street address (P.O. Box **NOT** acceptable)
Ormond Beach, FL 32174
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, Florida Statutes..

Martin B. Labbe
Registered Agent's Signature

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

Martin B. Labbe
555 W. Granada Blvd., F-11
Ormond Beach, FL 32174

MGR

Duff Swain
203 N. Hempstead Road
Westerville, OH 43081

MGR

Tom Cox
14 Sycamore Circle
Ormond Beach, FL 32174

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Martin B. Labbe
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.)

Martin B. Labbe
Typed or printed name of signer

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)