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SECRETARY OF STATE
TALLAHASSEE FLORIDA



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STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

03 NOV 21 AM 11:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: CHARLES R FEASENHISER 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:

CHARLES R FEASENHISER
(Name of Person)

(Firm/Company)

491 LONG PINE DR
(Address)

TALLAHASSEE FL. 32305
(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES R FEASENHISER at (850) 878-6345
(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

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ARTICLE I - Name:

The name of the Limited Liability Company is:

CHARLES R FEASENHISER LLC

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

491 LONG PINE DR.
TALLAHASSEE FL
32305

Mailing Address:

491 LONG PINE DR
TALLAHASSEE FL
32305

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

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

CHARLES R FEASENHISER
Name

491 LONG PINE DR.
Florida street address (P.O. Box NOT acceptable)
TALLAHASSEE FL 32305
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..

Charles R Feasenhiser
Registered Agent's Signature

(CONTINUED)

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

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

CHARLES R FEASENHISER
MGR.

491 LONGPINE DR

TALLAHASSEE FL.

32305

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Charles R Feasenhiser

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.)

CHARLES R. FEASENHISER

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)