

L030000047240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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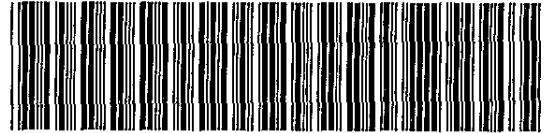
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE

01/02/04

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 NOV 24 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 NOV 24 PM 3:13

FILED

J. BRYAN NOV 24 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HERNDON Construction
(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:

Thomas S. HERNDON
(Name of Person)

HERNDON Construction
(Firm/Company)

P.O. Box 6223
(Address)

Tallahassee, FL 32314
(City/State and Zip Code)

For further information concerning this matter, please call:

N/A at ()
(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

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TALLAHASSEE, FLORIDA

EFFECTIVE DATE
01/02/04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HERNDON Construction LLC

ARTICLE II - Address:

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

Principal Office Address:

715 Flagg St
Tallahassee, FL 32314

Mailing Address:

P.O. Box 6223
Tallahassee, FL 32314

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

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

Thomas S. Herndon
Name

715 Flagg St
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL FL 32314
City, State, and 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 as provided for in Chapter 608, F.S.

J. S. Herndon
Registered Agent's Signature

EFFECTIVE DATE
01/02/04

(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:

<u>MGR</u>	<u>Thomas S. Herndon</u>
	<u>P.O. Box 6223</u>
	<u>Tallahassee, FL 32314</u>
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(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Art. 5 Effective Date
1/2/04

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TALLAHASSEE, FLORIDA

Thomas S. Herndon
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.)

Thomas S. Herndon
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)