

L03000047966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

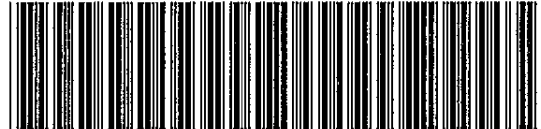
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LN 11/24

EFFECTIVE DATE  
11/30/03

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Charles S. Womble Masonry, 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 S. Womble, Sr.  
(Name of Person)

Charles S. Womble Masonry  
(Firm/Company)

5228 Pimlico Dr.  
(Address)

Tallahassee, FL 32309  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Charles S. Womble, Sr. at ( 850 ) 893-1661  
(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

**CHARLES S. WOMBLE, MASONRY CONTRACTOR**  
**5228 Pimlico Drive**  
**Tallahassee, FL 32308**  
**Phone: 904/893-1661**

November 26, 2003

Department of State  
Registration Office  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

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Re: Filing for Registration as L.L.C.  
Charles S. Womble Masonry

Attached is a check in the amount of \$160.00 and  
Articles of Organization for my business, Charles S.  
Womble Masonry, to be registered as a L.L.C.  
effective, November 30, 2003.

I, Charles S. Womble, Sr., certify that I  
own more than 10% of the referenced business.

Sincerely,

*Charles S. Womble*  
Charles S. Womble, Sr.

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Charles S. Womble Masonry, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

5228 Pimlico Drive  
Tallahassee, FL 32309

**Mailing Address:**

5228 Pimlico Drive  
Tallahassee, FL 32309

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

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

Charles S. Womble, Sr.  
Name

5228 Pimlico Dr.  
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, FL 32309  
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, Florida Statutes..*

  
Registered Agent's Signature

EFFECTIVE DATE  
11/20/03

**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

Charles S. Womble, Sr.

5228 Pimlico Dr.

Tallahassee, FL 32309

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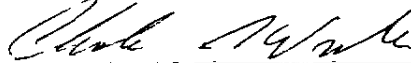
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(Use attachment if necessary)

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

ARTICLE V - Effective Date: 11/30/03

**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.)

Charles S. Womble, Sr.

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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