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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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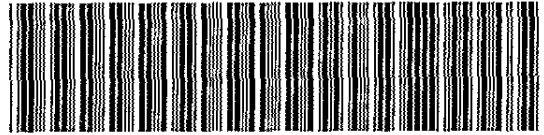
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOHNNY CARR, 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:

JOHNNY CARR
(Name of Person)

JOHNNY CARR, LLC
(Firm/Company)

11641 NW GLODY HILL RD.
(Address)

ALTA, FL 32431
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JOHNNY CARR at (850) 762-8421
(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:

Johnny Carr, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

11641 NW GLORY HILL RD.
ALTA, FL 32421

11641 NW GLORY HILL RD.
ALTA, FL 32421

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

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

Johnny Carr
Name

11641 NW. GLORY HILL RD
Florida street address (P.O. Box **NOT** acceptable)

ALTA FLORIDA 32421
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..

Johnny Carr

Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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

Johnny Carr
11641 NW GORY HILL RD
ALTA FL 32421

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TALLAHASSEE FLORIDA

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(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Johnny Carr
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.)

Johnny Carr
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)

STATE OF FLORIDA
COUNTY OF CALHOUN

Before me, the undersigned authority, personally appeared
Johnny Carr
Who being duly sworn, deposes and says:

That he is the owner of 10%, or more, of the business known as
Johnny Carr, LLC
Johnny Carr
Signature
Address:

STATE OF FLORIDA
COUNTY OF CALHOUN

Sworn to and subscribed before me this 25th day of
NOVEMBER, 2003
By Johnny Carr

Personally Known or Produced
Identification

Type of Identification
Produced

NOTARY
SIGNATURE

Joanne Bates

My Commission
Expires

May 30, 2006

OFFICIAL NOTARY SEAL
JOANNE BATES
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. DD121877
MY COMMISSION EXP. MAY 30, 2006

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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