

L03000050242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

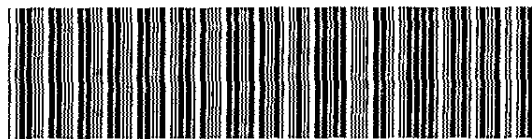
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000025061030

12/02/03--01016--013 **125.00

FILED

03 DEC - 1 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAMES EUGENE SILCOX, 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:

JAMES EUGENE SILCOX, LLC
(Name of Person)

JAMES EUGENE SILCOX, LLC
(Firm/Company)

11856 NW GLORYth ROAD
(Address)

ALTHA, FL 32421
(City/State and Zip Code)

FILED
03 DEC - 1 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JAMES EUGENE SILCOX at (850) 762-8397
(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**

FILED
03 DEC - 1 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAMES EUGENE SILCOX, LLC

ARTICLE II - Address:

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

Principal Office Address:

11856 NW GLORY HILL ROAD

ALTA, FL 32421

Mailing Address:

11856 NW GLORY HILL ROAD

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:

JAMES EUGENE SILCOX

Name

11856 NW GLORY HILL ROAD

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..

James Eugene Silcox
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

JAMES EUGENE SILCOX
11856 NW FLORY HILL ROAD
ALPHA FL 32421

CLERK OF DISTRICT COURT
LAHASSEE FLORIDA

03 DEC - 1 AM 9:26

FILED

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

James Eugene Silcox
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.)

JAMES EUGENE SILCOX
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)

STATE OF FLORIDA
COUNTY OF CALHOUN

Before me, the undersigned authority, personally appeared
JAMES EUGENE SILCOX
Who being duly sworn, deposes and says:

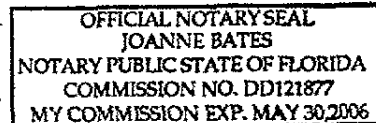
That he is the owner of 10%, or more, of the business known as
JAMES EUGENE SILCOX LLC

James Eugene Silcox
Signature
Address: 11856 NW GLORY HILL RD
ALTA, FL 32421

STATE OF FLORIDA
COUNTY OF CALHOUN

Sworn to and subscribed before me this 25 day of
NOVEMBER, 2003
By James Eugene Silcox

Personally Known ☒ or Produced
Identification _____



Type of Identification
Produced _____

NOTARY
SIGNATURE Joanne Bates

My Commission
Expires May 30, 2006

FILED
03 DEC -1 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA