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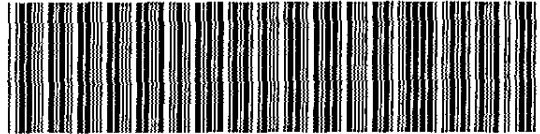
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11-24-03

To Whom it may concern,

I John A Zockoff would like to
form a Florida-Limited Liability Company.

Enclosed are the necessary forms
and a check for \$125⁰⁰

My address is 724 W PINE AVE

ST. GEORGE ISLAND

FL 32328

I can be reached at 850-927-3210

Thank you,

John A. Zockoff

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: John A Zockoff 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:

John A Zockoff
(Name of Person)

John A Zockoff LLC
(Firm/Company)

724 W Pine Ave
(Address)

St. George Island FL 32328
(City/State and Zip Code)

For further information concerning this matter, please call:

John A Zockoff at (850) 927-3210
(Name of Person) (Area Code & Daytime Telephone Number)

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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:

John A Zockoff LLC

ARTICLE II - Address:

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

Principal Office Address:

724 W Pine Ave
St. George Island
FL 32328

Mailing Address:

724 W Pine Ave
St George Island
FL 32328

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

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

John A Zockoff
Name
724 W Pine Ave
Florida street address (P.O. Box NOT acceptable)

St George Island FLORIDA 32328
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..

John A. Zockoff
Registered Agent's Signature

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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:

MGR

John A Zockoff
724 W Pine Ave
St. George Island FL 32328

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

John A Zockoff
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.)

John A Zockoff
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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