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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

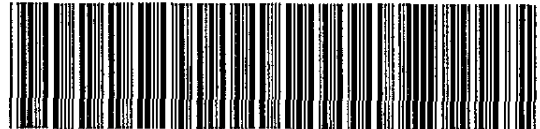
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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U03-52972
AR

Ledford Enterprises Inc.

13472 Bellewood Ave. N
Seminole, FL 33776

Tel: 727-399-9197 • Fax: 727-398-6054 • Cell: 727-430-1787

Dec. 5, 2003

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

I have attached articles of organization for a limited liability company, as well as the required fees (\$160 for filing and designation of registered agent, as well as for the optional certified copy and certificate of status).

I am also requesting, as instructed, that you release the name of my inactive corporation (Ledford Enterprises Inc.) so that I may use the same name in my reorganized business. I have also attached a copy of my original incorporation and current status for your information.

It is essential that this change be completed as soon as possible, so that I may apply for a new federal FEIN and meet the state's Jan. 1, 2004 deadline for renewing my Workman's Compensation exemption. Therefore, I have also enclosed a pre-paid overnight mailer for return of documents pertaining to registry of my limited liability corporation.

If there is any question regarding this application or additional information required, please contact me through my registered agent, Sheila M. Estrada, by email at sheila.estrada@verizon.net.

Thank you for your prompt attention.

Raymond L. Ledford

Raymond L. Ledford

Attachments:

- 1) Transmittal Letter
- 2) Articles of Organization for Florida Limited Liability Company
- 3) Internet archive copy of original incorporation
- 4) Internet archive copy of corporation status
- 5) Pre-paid mailer

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CLERK OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEDFORD ENTERPRISES 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:

RAYMOND L. LEDFORD
(Name of Person)

(Firm/Company)

13472 BELLEWOOD AVE N.
(Address)

SEMINOLE, FL 33776
(City/State and Zip Code)

For further information concerning this matter, please call:

SHEILA ESTRADA at (727) 399-9197
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

LED FORD ENTERPRISES 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:

13472 BELLEWOOD AVENUE
SEMINOLE, FL
33776

SAME

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

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

SHEILA M. ESTRADA
Name

13472 BELLEWOOD AVENUE
Florida street address (P.O. Box **NOT** acceptable)

SEMINOLE FLORIDA 33776
City, State, and Zip

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TALLAHASSEE, FLORIDA

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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

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

RAYMOND L. LEDFORD
13472 BELLEWOOD AVE N.
SEMIWOLE, FL 33776

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Raymond L. Ledford
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.)

RAYMOND L. LEDFORD
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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TALLAHASSEE, FLORIDA

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