

L03000053932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

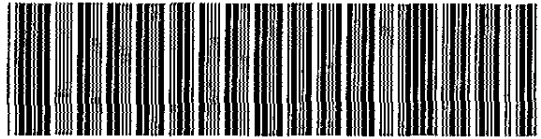
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/17/03--01046--016 **155.00

RECEIVED

03 DEC 17 PM 12:23

DIVISION OF CORPORATION

FILED

03 DEC 17 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

hsk

03 DEC 17 PM 4:52
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- TABOR KNIVES, L.L.C.
- 2-
- 3-
- 4-

☒ Walk-in ☐ Pick-up time ASAP ☒ Certified Copy
☐ Mail-out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION

FOR

TABOR KNIVES, L.L.C.,

A FLORIDA LIMITED LIABILITY COMPANY

03 DEC 17 PM 4:52
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a Florida limited liability company under the provisions of Chapter 608 of the Florida Statutes, hereinafter referred to as the Limited Liability Company, hereby agrees to the following:

ARTICLE I - NAME

The name of the Limited Liability Company shall be TABOR KNIVES, L.L.C.

ARTICLE II - PRINCIPAL MAILING AND STREET ADDRESS OF COMPANY

The principal mailing address of the Limited Liability Company is 18925 Crooked Lane, Lutz, FL 33548. The street address of the Limited Liability Company is 18925 Crooked Lane, Lutz, FL 33548.

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - MANAGEMENT

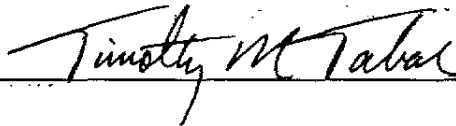
The Limited Liability Company is to be managed by a managing member, and the name and address of such managing member who is to serve as managing member is: Timothy M. Tabor, 18925 Crooked Lane, Lutz, FL 33548.

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

Additional members may be admitted as members upon the consent in writing of a simple majority of existing members.

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

In the event of the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member who is the sole manager or the occurrence of any other event which terminates the continued membership of a member who is the sole manager of the Limited Liability Company, a simple majority of the remaining members of the Limited Liability Company may agree to continue the business of the Limited Liability Company.



Signature of a member or an authorized representative of a member.

TIMOTHY M. TABOR

Typed or printed name of member or member's representative

**CERTIFICATE OF DESIGNATION OF AND ACCEPTANCE BY
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA AND EVIDENCING THE REGISTERED AGENT'S ACCEPTANCE OF THAT POSITION.

1. The name of the Limited Liability Company is: TABOR KNIVES, L.L.C.

2. The name and address of the registered agent and office is: Timothy M. Tabor
18925 Crooked Lane
Lutz, FL 33548

Dated this 16th day of December, 2003.


TIMOTHY M. TABOR

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.

Dated this 16th day of December, 2003


TIMOTHY M. TABOR