

L03000056019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

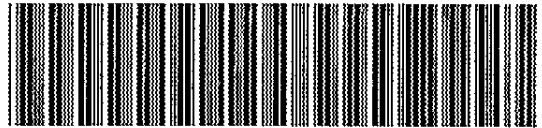
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000025633770

12/26/03--01028--018 **160.00

EFFECTIVE DATE

01/01/04

RECEIVED

03 DEC 26 PM 1:38

DIVISION OF CORPORATION

FILED

03 DEC 26 PM 1:40

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

J. BRYAN DEC 26 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bess Millirons, L.L.C.
(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:

Bess Millirons
(Name of Person)

Bess Millirons, L.L.C.
(Firm/Company)

389 E. Creekview Dr.
(Address)

Newahitchka FL 32465
(City/State and Zip Code)

EFFECTIVE DATE
01/01/04

For further information concerning this matter, please call:

Bess Millirons at (850) 639-4055
(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

FILED
03 DEC 26 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Bess Millivons, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

389 E. Creekview Dr.
Wewahitchka, FL 32465

Mailing Address:

389 E. Creekview Dr.
Wewahitchka, FL 32465

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

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

Bess Millivons
Name

EFFECTIVE DATE

01/01/08

389 E. Creekview Dr.
Florida street address (P.O. Box **NOT** acceptable)

Wewahitchka FL 32465
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, F.S.

Bess Millivons
Registered Agent's Signature

(CONTINUED)

FILED
03 DEC 26 PM 1:41
SECRETARY OF STATE
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

Bess L. Millirons
389 E. Creekview Dr.
Wewahatchka, FL 32465

MGRM

Fred L. Millirons
389 E. Creekview Dr.
Wewahatchka, FL 32465

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Effective date 1-1-04

Bess L. Millirons
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.)

Bess L. Millirons
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)

FILED
03 DEC 26 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA