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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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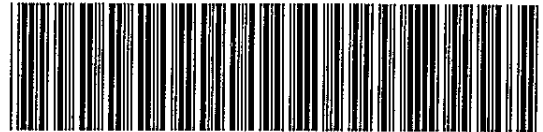
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE

1-1-2004

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03 DEC 19 AM 11:53
FALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOMMY FURR, 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:

Tommy Furr 1-1-2004
(Name of Person) EFFECTIVE DATE

Tommy Furr, LLC
(Firm/Company)

5225 Truman Pacetti Road
(Address)

ST. AUGUSTINE, FL 32092
(City/State and Zip Code)

For further information concerning this matter, please call:

TOMMY FURR at (904) 823-8669
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE

11-2004

TOMMY FURR, LLC

ARTICLE II - Address:

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

Principal Office Address:

5225 Truman Pacetti Road
ST. AUGUSTINE, FL 32092

Mailing Address:

5225 Truman Pacetti Road
ST. AUGUSTINE, FL 32092

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

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

TOMMY FURR

Name

5225 Truman Pacetti Road

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

ST. AUGUSTINE FLORIDA 32092

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Tommy Furr

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:

EFFECTIVE DATE

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

TOMMY FURR

5225 Truman Pace Hi Road

St. Augustine, FL 32092

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Tommy Furr

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.)

TOMMY FURR

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)

ARTICLE V - EFFECTIVE DATE

THIS LLC BUSINESS, TOMMY FURR, LLC ELECTS TO HAVE THE EFFECTIVE
DATE OF THIS BUSINESS TO BEGIN JANUARY 1, 2004.

EFFECTIVE DATE
1-1-2004

FILED

03 DEC 19 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA