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01/01/04

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 DEC 31 PM 2:24

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 DEC 31 PM 2:48

FILED

J. BRYAN DEC 31 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALAN BOYD + SONS
(Name of Limited Liability Company)

FILED
2003 DEC 31 PM 2:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALAN BOYD
(Name of Person)

ALAN BOYD + SONS
(Firm/Company)

EFFECTIVE DATE
01/01/04

3249 CONNIE DR.
(Address)

TALLAHASSEE FL 32311
(City/State and Zip Code)

For further information concerning this matter, please call:

ALAN BOYD at (850) 671-1119
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alan Boyd & Sons LLC

ARTICLE II - Address:

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

Principal Office Address:

3249 Connie dr
Tallahassee FL 32311

Mailing Address:

← Same

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

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

Alan Boyd
Name
3249 Connie dr.
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32311
City, State, and Zip

EFFECTIVE DATE

01/01/04

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..

Alan Boyd
Registered Agent's Signature

(CONTINUED)

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 M

Alan Boyd
3249 Connie dr.
Tallahassee FL 32311

MGR M

David Boyd
3249 Connie dr
Tallahassee FL 32311

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Article 5 effective date 1-1-04

Alan Boyd

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.)

ALAN BOYD

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)