

L040000001695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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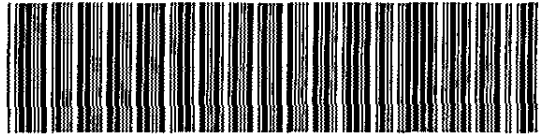
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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L041695
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EFFECTIVE DATE

12-31-03

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L. D. Newton, 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:

Dorothy Newton
(Name of Person)

L. D. Newton LLC
(Firm/Company)

P.O. Box 3364
(Address)

Apollo Beach, FL 33572
(City/State and Zip Code)

For further information concerning this matter, please call:

Dorothy Newton at (813) 645-5252
(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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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

L. D. Newton, LLC

ARTICLE II - Address:

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

Principal Office Address:

16505 Bimini Ct.
Apollo Beach, FL 33572

Mailing Address:

P.O. Box 3364
Apollo Beach, FL 33572

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

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

Dorothy Newton
Name

16505 Bimini Ct.
Florida street address (P.O. Box **NOT** acceptable)

Apollo Beach FLORIDA 33572
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, Florida Statutes..

Dorothy Newton
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

EFFECTIVE DATE
12-31-03

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

Lloyd Newton

P.O. Box 3364

Apollo Beach, FL 33572

MGRM

Dorothy Newton

P.O. Box 3364

Apollo Beach, FL 33572

(Use attachment if necessary)

* Date Effective: December 31, 2003. *

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

REQUIRED SIGNATURE:

Dorothy Newton
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.)

Dorothy Newton

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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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)