

L04000004052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

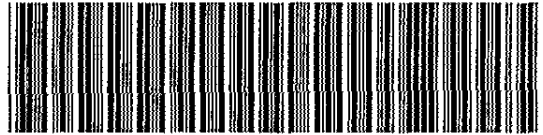
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/15/04--01003--012 **125.00

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04 JAN 15 AM 10:29

DIVISION OF COMMERCE

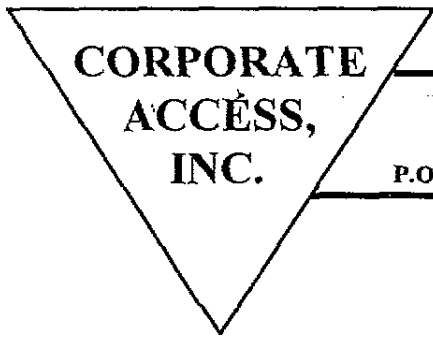
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

125



236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 1-15-04 Kelly

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TALLAHASSEE, FLORIDA

CERTIFIED COPY

CUS

☒ PHOTO COPY

☒ FILING LLC

1.) Coastal Portable Moving & Storage LLC
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Coastal Portable Moving & Storage, LLC

ARTICLE II - Address:

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

Principal Office Address:

68 W. Brookhaven Drive, N.E.
Atlanta, Georgia 30319

Mailing Address:

68 W. Brookhaven Drive, N.E.
Atlanta, Georgia 30319

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

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

William B. Rhodes, Jr.

Name

3030 US 27 North

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

Sebring,

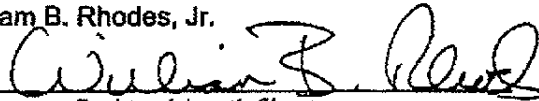
FL 33870

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..

William B. Rhodes, Jr.

by:



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:

<u>MGRM</u>	<u>Scott B. Rhodes</u>
	<u>68 W. Brookhaven Drive, N.E.</u>
	<u>Atlanta, Georgia 30319</u>
<u>MGRM</u>	<u>Van P. Finger</u>
	<u>P.O. Box 822, 5564 Lakewood</u>
	<u>Point Clear, Alabama 36564</u>

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

Scott B. Rhodes

Typed or printed name of signer

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)