

L04000004524

Renee Coxwell -
Coxwell Framing

(Requestor's Name)

833 Burntleaf Lane

(Address)

(Address)

Tallahassee FL 32310

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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04 JAN 16 PM 2:19
04 JAN 16 PM 2:10
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION

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

04 JAN 16 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

Coxwell Framing, LLC

ARTICLE II - Address:

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

Principal Office Address:

833 Burntleaf Ln.
Tallahassee FL
32310

Mailing Address:

833 Burntleaf Lane
Tallahassee, FL
32310

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


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

Sharon Renee Coxwell
Name

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

Tallahassee FLORIDA 32310
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..


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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Sharon Renee Coxwell
833 Burntleaf Lane
Tallahassee FL 32310

MGRM

Rogelio Ramirez
833 Burntleaf Lane
Tallahassee FL 32310

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

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

REQUIRED SIGNATURE:

Sharon Renee Coxwell
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.)

Sharon Renee Coxwell
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)