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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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TO: Registration Section
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: COX CONSTRUCTION LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

MARLYN M. COX
(Name of Person)

COX CONSTRUCTION LLC
(Firm/Company)

6509 FLORIDA AVENUE
(Address)

CRESTVIEW, FLORIDA 32539
(City/State and Zip Code)

For further information concerning this matter, please call:

M. M. COX at (850) 689-4779
(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:

COX CONSTRUCTION LLC

ARTICLE II - Address:

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

Principal Office Address:

6509 FLORIDA AVENUE

CRESTVIEW, FLORIDA 32539

Mailing Address:

6509 FLORIDA AVENUE

CRESTVIEW, FLORIDA 32539

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

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

MARLYN M. COX

Name

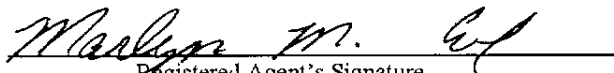
6509 FLORIDA AVENUE

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

CRESTVIEW FLORIDA 32539

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

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

"MGR"

MARLYN M. COX
6509 FLORIDA AVENUE
CRESTVIEW, FLORIDA 32539

'MGRM'

TIMOTHY GARY HOLT
6706 HWY 85 N
LAUREL HILL, FLORIDA 32567

'MGRM'

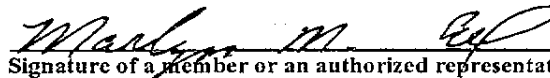
CHRISTOPHER LEE COX
6287 WILL OWENS ROAD
LAUREL HILL, FLORIDA 32567

(Use attachment if necessary)

ARTICLE V: EFFECTIVE DATE: FEBRUARY 1, 2004

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.)

MARLYN M. COX

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)