

W04000007685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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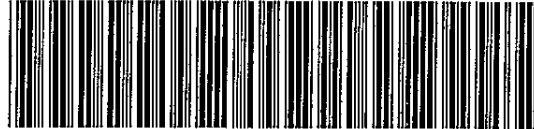
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04 JAN 22 AM 9:01

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Albert Carlton Goolsby 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:

Albert Carlton Goolsby
(Name of Person)

d/b/a Goolsby Cabinets
(Firm/Company)

5506 S. E. 127th Place
(Address)

Bellevue Florida 34420
(City/State and Zip Code)

For further information concerning this matter, please call:

Albert Carlton Goolsby at (352) 245-3104
(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:

Albert Carlton Goolsby LLC

ARTICLE II - Address:

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

Principal Office Address:

5506 S. E. 127th Place

Belleview

Florida 34420

Mailing Address:

5506 S. E. 127th Place

Belleview

Florida 34420

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

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

Albert Calton Goolsby

Name

5506 S.E. 127th Place

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

Belleview

FLORIDA 34420

City, State, and Zip

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ALBANY, FLORIDA

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..

Albert Carlton Goolsby

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:

Owner / Mgr

Albert Carlton Goolsby

5506 SE 127th Place

Belleview, Florida 34420

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Albert Carlton Goolsby
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.)

Albert Carlton Goolsby
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)**