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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO4-8994
AK

EFFECTIVE DATE
1-22-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOB HOLLON CONSTRUCTION, LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

\$125.00
Filing fee & Designation
of Registered Agent

\$130.00
Filing Fee, Designation of
Registered Agent, &
Certificate of Status

\$160.00
Filing Fee, Designation
of Registered Agent,
Certified Copy, &
Certificate of Status

Please return all correspondence concerning this matter to the following:

BOB HOLLON
2816 OVERLAKE AVENUE
ORLANDO, FL 32806

For Further information concerning this matter, please call:
at 407-851-2143.

Street Address:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BOB HOLLON
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ARTICLES OF ORGANIZATION

OF

BOB HOLLON CONSTRUCTION, LLC

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: BOB HOLLON CONSTRUCTION, LLC

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 2816 OVERLAKE AVENUE, ORLANDO, FL 32806.

ARTICLE III - REGISTERED AGENT

The registered agent of this corporation shall be:

| <u>NAME</u> | <u>ADDRESS</u> |
|-------------|---|
| BOB HOLLON | 2816 OVERLAKE AVENUE ORLANDO, FL 32806 |

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TALLAHASSEE, FLORIDA

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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.

Bob Hollon
BOB HOLLON

EFFECTIVE DATE
1-22-04

ARTICLE IV - MANAGEMENT

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

| <u>Title:</u> | <u>Name and Address:</u> |
|---------------|---|
| President: | BOB HOLLON 2816 OVERLAKE AVENUE ORLANDO, FL 32806 |
| Secretary: | BOB HOLLON 2816 OVERLAKE AVENUE ORLANDO, FL 32806 |
| Treasurer: | BOB HOLLON 2816 OVERLAKE AVENUE ORLANDO, FL 32806 |

ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be 1-22, 2004.

Bob Hollon
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.)

Bob HOLLON
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)

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TALLAHASSEE, FLORIDA

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