

L04000009930

(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



900027481939

FILED
04 FEB -5 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 FEB -5 PM 1:19
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Handwritten signature



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 426055 85036A

AUTHORIZATION :

COST LIMIT : \$ 155.00

04 FEB -5 PM 2:54
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 5, 2004

ORDER TIME : 11:48 AM

ORDER NO. : 426055-005

CUSTOMER NO: 85036A

CUSTOMER: Robert A. Forlizzo, Esq
Forlizzo Law Group, P.a.

2903 Rigsby Lane

Safety Harbor, FL 34695

DOMESTIC FILING

NAME: ROXCON, LC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION
OF
ROXCON, LC

The undersigned Member adopts the following Articles of Organization pursuant to the provisions of the Florida Limited Liability Company Act (the "Act").

04 FEB -5 PM 2:54
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I.
NAME OF COMPANY

The name of the limited liability company is **ROXCON, LC** (the "Company").

ARTICLE II.
MAILING ADDRESS OF COMPANY

The mailing address and street address of the Company shall be 2884 Kensington Trace, Tarpon Springs, Florida 34688.

ARTICLE III.
PERIOD OF DURATION

The Company's period of duration shall commence upon the filing of these Articles with the Secretary of State of the State of Florida and be perpetual thereafter.

ARTICLE IV.
REGISTERED OFFICE AND AGENT

The address of the Company's principal office is as follows: 2884 Kensington Trace, Tarpon Springs, Florida 34688. The name and address of the Company's initial registered agent in the State of Florida is as follows: ROBERT A. FORLIZZO, 2903 Rigsby Lane, Safety Harbor, Florida 34695.

ARTICLE V.
MANAGEMENT

The Company will be managed by one (1) Manager in accordance with the Company's Operating Agreement and Regulations. The name and business address of the sole initial Manager who shall serve until the first annual meeting of Members or until her successor is elected and qualified is:

NAME

ADDRESS


ROXANNE CONNOR

2884 Kensington Trace
Tarpon Springs, Florida 34688

**ARTICLE VI.
PURPOSE**

The Company is organized for any lawful purpose for which a limited liability company may be organized pursuant to the Act.

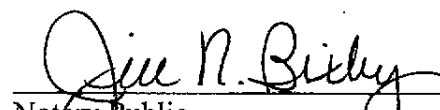
IN WITNESS WHEREOF, the following Member has executed these Articles of Organization on this 30th day of January, 2004.



ROXANNE CONNOR

STATE OF FLORIDA)
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this 30th day of January, 2004, by ROXANNE CONNOR. She is personally known to me.



Notary Public
State of Florida **JILL R. BIXBY**
My Commission Expires:



Jill R Bixby
My Commission CC986913
Expires December 22, 2004

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

ROXCON, LC

2. The name and address of the Registered Agent and Office is:

ROBERT A. FORLIZZO
2903 Rigsby Lane
Safety Harbor, Florida 34695

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.


ROBERT A. FORLIZZO