

L040000012312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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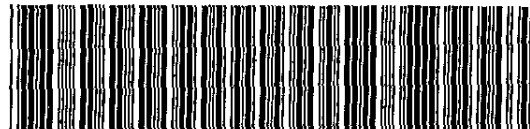
Examiner DCC

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W. P. Verifier DCC



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12/31/03--01006--009 **125.00

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04 FEB 16 AM 10:45

Suffix
Principal address
Member sign.

NEW SOUTH RENOVATIONS

DAVID M. OWENS

Phone: (386) 846-3514 / Fax: (386) 736-8438

Fax Transmittal

Attention: Registration Section / Division of Corporations

Company: State of Florida

Fax#: _____ Date: 12/29/03 Time: _____

Number of Pages Including Cover Sheet: _____

Comments: Enclosed is my paperwork and a
check for \$125.00 to cover Articles of
Organization & Designation of Registered Agent
If there are any problems, feel free
to contact me at 386-846-3514. My
address is listed below.

Thanks!

David Owens

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New South Renovations
(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:

David M Owens
(Name of Person)

New South Renovations LLC
(Firm/Company)

505 W Minnesota Ave → 505 W. Minnesota Ave.
(Address)

Deland FL 32720
(City/State and Zip Code)

For further information concerning this matter, please call:

David M Owens at (386) 846-3514
(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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 7, 2004

DAVID M OWENS
NEW SOUTH RENOVATIONS LLC
505 W MINNESOTA AVE
DELAND, FL 32720

SUBJECT: NEW SOUTH RENOVATIONS
Ref. Number: W04000000606

We have received your document for NEW SOUTH RENOVATIONS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

The document must contain both the street address of the principal office and the mailing address of the entity.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 704A00000863

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *New South Renovations Ltd. Co.*

ARTICLE II - Address:

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

Principal Office Address:

505 W. Minnesota Ave.
Deland, Fl.
32720

Mailing Address:

505 W. Minnesota Ave.
Deland, Fl.
32720

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

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

David M. Owens
Name
505 W. Minnesota Ave.
Florida street address (P.O. Box NOT acceptable)
Deland FL 32720
City, State, and Zip

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DIVISION OF CORPORATION

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.

David Owens
Registered Agent's Signature

(CONTINUED)

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:

<u>MGR</u>	<u>David M. Owens</u>
	<u>505 W. Minnesota Ave</u>
	<u>Deland, FL 32720</u>

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

David Owens
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.)

David Owens
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 16 AM 10:45