

L04000012470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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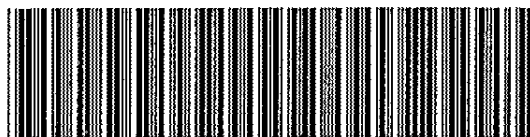
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO : Registration Section  
Division of Corporations

2/3/04  
SUBJECT: DONNIE R. SOLES & ASSOCIATES, 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:

DONNIE R. SOLES  
(Name of Person)

DONNIE R. SOLES & ASSOCIATES, LLC  
(Firm/Company)

169 LORENZ DRIVE  
(Address)

DEFUNIAK SPRINGS, FLORIDA 32435  
(City/State and Zip Code)

For further information concerning this matter, please call:

HESTER KEENER at ( 850 ) 654-5898  
(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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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name:

The name of the Limited Liability Company is:

DONNIE R. SOLES & ASSOCIATES, LLC

ARTICLE II-Address:

Mailing Address:

169 LORENZ DRIVE

169 LORENZ DRIVE

DEFUNIAK SPRINGS, FL 32435

DEFUNIAK SPRINGS, FL 32435

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

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

DONNIE R. SOLES

Name

169 LORENZ DRIVE

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

DEFUNIAK SPRINGS, FL 32435

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.

Donnie R. Soles 2/3/04

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:

Title:

"MGR"- Manager

"MGRM"- Managing Member

Name and Address:

MGR

Michael Cosson

22 Miles Martin Road

DeFuniak Springs, FL 32435

MGR

John C. Carroll

387 Squirrel Haven

DeFuniak Springs, FL 32435

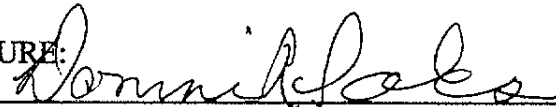
ARTICLE V-Profit and Expenses

Associates shall share equally in the expenses and profits.

ARTICLE VI- Effective Date

Effective Date Requested: Immediately

REQUIRED SIGNATURE:

  
Signature of a member or an authorized representative of a member.

2/3/04

(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.)

Donnie R. Soles

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)

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