

L040000/3262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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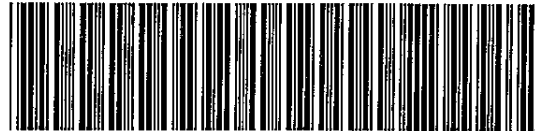
AUTHORIZATION BY PHONE TO

CORRECT suffix to LLC taking

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2004 FEB 10 AM 9:27  
TALLAHASSEE, FLORIDA

J. BRYAN FEB 19 2004

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Roy Perkins, 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:

Roy Perkins  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

709 LAUREL AVE  
(Address)

INVERNESS, FL 34452-5749  
(City/State and Zip Code)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JACKIE JONES at ( 352 ) 820-0152  
(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**

FILED  
2004 FEB 10 AM 9:27  
JULIA E. CORPORATION'S  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Roy Perkins LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

709 LAUREL AVE  
INVERNESS, FL 34452-5744

709 LAUREL AVE  
INVERNESS, FL 34452-5744

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

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

Roy Perkins  
Name

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

INVERNESS FLORIDA 34452  
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..*

Roy Perkins  
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:**

Mgr

Roy Perkins  
709 Laurel Ave  
JENNERS, FL 34452

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Roy Perkins  
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.)

Roy Perkins  
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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2004 FEB 10 AM 9:27  
JULIEN CORPORATION  
TALLAHASSEE, FLORIDA

Roy Perkins ~~INC~~

ARTICLE V

Effective date requested is Feb 3, 2004

  
\_\_\_\_\_

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JULIEN & ASSOCIATES  
TALLAHASSEE, FLORIDA