

L04 0000 14 338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

Certified Cc

Jimmy Alexander
3027 Barnbridge Rd
Palatka, FL. 32177

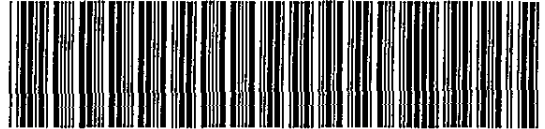
Special Instructions to Filing Officer:

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789, 676, 671

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Office Use Only

W03-39944



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02/23/04--01033--010 **20.00

12/22/03--01042--001 **105.00

SECRET
TALLAHASSEE, FLORIDA

04 FEB 23 PM 3:55

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 31, 2003

JIMMY ALEXANDER
3027 BAINBRIDGE RD
PALATKA, FL 32177

SUBJECT: JIMMY'Z STUCCO LLC
Ref. Number: W03000039944

FILED
04 FEB 23 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for JIMMY'Z STUCCO LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$20.00.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 803A00069505

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jimmy'Z Stucco LLC

ARTICLE II - Address:

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

3027 Bainbridge Rd
Palatka FL 32177

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

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

x Jimmy Alexander
Name
3027 Bainbridge Rd
Florida street address (P.O. Box NOT acceptable)
Palatka, FL 32177
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, F.S.

x [Signature]
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

x [Signature]
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.)

x Jimmy Alexander
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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