

L04000016154

Lenora M. Boothe

(Requestor's Name)

1500 Twin Lakes Circle

(Address)

(Address)

Tallahassee, FL 32311 850-942-7389

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

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Hickox + Long Cabinetry LLC

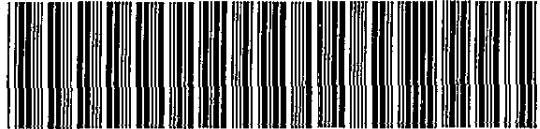
(Business Entity Name)

(Document Number)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hickox & Long Cabinetry 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:

1500 ~~6000~~ Twin Lakes
TALL FL 32311

Same

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

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

Lenora M. Boothe
Name

1500 Twin Lakes
Florida street address (P.O. Box NOT acceptable)
TALL FL 32311
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.

Lenora M Boothe
Registered Agent's Signature

(CONTINUED)

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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:

MGRM

Lenora M Boothe
1500 Twin Lakes
TAU FL 32311

MGRM

Jean M Fraser
2880 Salem RD
HAWANA FL 32333

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Lenora M Boothe
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.)

Lenora M. Boothe
Typed or printed name of signer

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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