

L04 000019857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

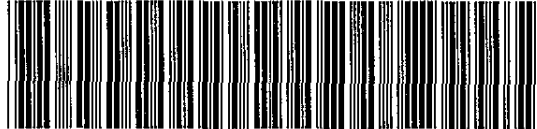
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300029801233

03/16/04 - 01002 - 002 **125.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAR 15 PM 3:25
04 MAR 15 PM 3:21
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

L04-19857
OR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITAL RESEARCH COMPANY, 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:

BRECHT HEUCHAN
(Name of Person)

CAPITAL RESEARCH COMPANY
(Firm/Company)

POB 10544
(Address)

TALLAHASSEE, FL 32302
(City/State and Zip Code)

For further information concerning this matter, please call:

BRECHT HEUCHAN at (850) 577-1700
(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

04 MAR 15 PM 3:25

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAPITAL RESEARCH COMPANY, LLC

ARTICLE II - Address:

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

Principal Office Address:

400 1734 ARMISTEAD PLACE
TALLAHASSEE, FL 32308

Mailing Address:

POB 10549
TALLAHASSEE, FL 32302

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

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

THE LABRADOR COMPANY, INC
Name

420 E. JEFFERSON ST.
Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE, FL 32301
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..

Brecht W. Henkel
Registered Agent's Signature

(CONTINUED)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAR 15 PM 3:25

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

BRECHT HEUCHIAN

P.O. BOX 10549

TALLAHASSEE, FL 32302

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Brecht W. Heuchian

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.)

BRECHT W. HEUCHIAN

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)

04 MAR 15 PM 3:25

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA