

# L04000023854

(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:

Name	
Availability	
Document	
Examiner	DCC
Updater	Office Use Only
Updater	
Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC



300030464783

03/17/04--01056--009 \*\*125.00

2004 MAR 17 A 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Palmer Divide Investments LLC  
(Name of Limited Liability Company)  
(DBA Quality Tib + Stone)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Randy Clibon  
(Name of Person)

Palmer Divide Investments LLC  
(Firm/Company)

PO Box 196903  
(Address)

Winter Springs FL 32719  
(City/State and Zip Code)

For further information concerning this matter, please call:

Randy Clibon at (321) 299-3929  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2004 MAR 17 A 9:58

FILED

**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**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Palmer Divide Investments, LLC  
(DBA Quality Tib + Stone)

**ARTICLE II - Address:**

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

**Principal Office Address:**

Po Box 196903  
Winter Springs  
Fla 32719

**Mailing Address:**

Same -

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**  
The name and the Florida street address of the registered agent are:

Randy Clifton  
Name  
3342 Bufham Pl  
Florida street address (P.O. Box NOT acceptable)

Casselberry FLORIDA 32707  
City, State, and Zip

2008 MAR 17 A 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*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..*

Randy Clifton  
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

Randy Clibon  
3342 Butternut Pl  
Casselberry FL 32707

MGRM

Debra Clibon  
3342 Butternut  
Casselberry FL 32707

MGRM

Matthew Clibon  
3724 Idlebrook Cir #110  
Casselberry FL 32707

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Randy Clibon  
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.)

Randy Clibon  
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)

FILED  
2004 MAR 17 A 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA