

604000028082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

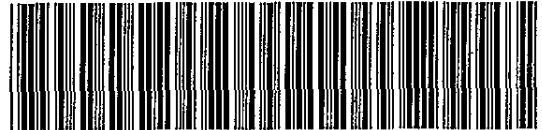
Certified Copies 1 Certificates of Status _____

Special Instructions to Filing Officer:

4/1 FL LC

CC

Office Use Only



800031324638

04/01/04--01029--022 **155.00

PAID

04 APR -1 AM 7:47

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Good Foote, 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:

Mark Ellis
(Name of Person)

Goode Foote, LLC
(Firm/Company)

2990 Meredith Dr
(Address)

Pensacola, FL 32504
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Ellis at (850) 474-1003
(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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Good Foote, LLC

ARTICLE II - Address:

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

Principal Office Address:

2990 Meredith Dr

Pensacola, FL 32504

Mailing Address:

2990 Meredith Dr

Pensacola, FL 32504

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

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

Mark Ellis

Name

2990 Meredith Dr

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

Pensacola FL 32504

City, State, and Zip

04 APR - 1 AM 7:47
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, F.S..


Registered Agent's Signature

(CONTINUED)

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

Mark Ellis

2990 Meredith Dr

Pensacola, FL 32504

MGRM

Tracy Ellis

2990 Meredith Dr

Pensacola, FL 32504

(Use attachment if necessary)

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

REQUIRED 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.)

Mark Ellis

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)