

L040000029312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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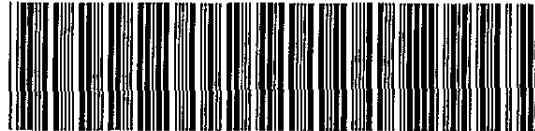
(Business Entity Name)

(Document Number)

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04/06/04 11:16 AM
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41604

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Evans Family, 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:

Dan A. Penning
(Name of Person)

Wright Penning & Beamer
(Firm/Company)

27655 Middlebelt Road, Suite 170
(Address)

Farmington Hills, MI 48334
(City/State and Zip Code)

For further information concerning this matter, please call:

Dan A. Penning at (248) 477-6300
(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

04-205-8 P112-15
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Evans Family, 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:

3920 Bobbin Brook Circle, Tallahassee, FL

3920 Bobbin Brook Circle, Tallahassee, FL

32312

32312

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

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

Steven L. Evans

Name

3920 Bobbin Brook Circle

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

Tallahassee

FLORIDA 32312

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, Florida Statutes..



Registered Agent's Signature

Steven L. Evans

04 APR - 8 PM:15
TALLAHASSEE, FL
OFFICE

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

Steven L. Evans

3920 Bobbin Brook Circle

Tallahassee, FL 32312

MGRM

Steven L. Evans II

5830 19th Avenue South

Gulfport, FL 33707

(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.)

Steven L. Evans

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)

04/15/11 - 8 PM 12:11
SECTION 608.408(3)
TALLAHASSEE, FL