

LO4000032671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

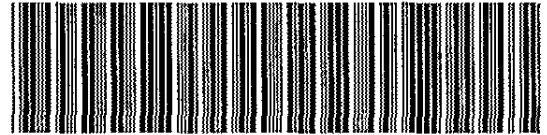
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAR 30 PM 3:20  
TALLAHASSEE FL 32301  
CLERK OF COURT

LO4-32671  
JL

RECEIVED  
4-12-04



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 7, 2004

STEVEN PARTIN  
2155 WATER PLANT ROAD  
ST. AUGUSTINE, FL 32092

SUBJECT: STEVEN PARTIN MOBILE HOME SERVICE, LLC  
Ref. Number: W04000013560

We have received your document for STEVEN PARTIN MOBILE HOME SERVICE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 30, 2004. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 704A00022788

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

26 MAR 2004 3:20

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STEVEN PARTIN MOBILE HOME SERVICE, 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:

STEVEN PARTIN  
(Name of Person)

STEVEN PARTIN MOBILE HOME SERVICE LLC  
(Firm/Company)

2155 Water plant Rd.  
(Address)

ST. AUGUSTINE FLORIDA  
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN PARTIN at (904) 669-8340  
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

04 MAR 20 PM 3:20

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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:

STEVEN PARTIN MOBILE HOME SERVICE, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1215 N. Clay St.  
St. Augustine Fla  
32084

**Mailing Address:**

2155 water  
plant Rd. St. Aug.  
Fla. 32092

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

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

STEVEN PARTIN  
Name

2155 water plant Rd  
Florida street address (P.O. Box NOT acceptable)

St. Augustine FLORIDA 32092  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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

EFFECTIVE DATE  
4-12-04

**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

STEVEN PARTIN  
2155 Water plant Rd.  
St. Augustine Fla. 32092

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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 Partin  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

24 MAR 30 PM 3:20

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**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)**

ARTICLE V- EFFECTIVE DATE

THIS LLC, ELECTS TO HAVE THE  
EFFECTIVE DATE OF THIS BUSINESS TO BEGIN

*April 12, 2004*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA