

L04000033889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

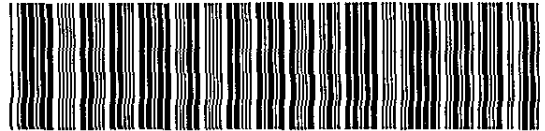
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300033046203

04/20/04--01010--004 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04/20/04 01:04:59

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BOB SAXTON LIGHTING FIXTURES, L.L.C.  
(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:

BOB SAXTON  
(Name of Person)

BOB SAXTON LIGHTING FIXTURES, L.L.C.  
(Firm/Company)

423 MALLARD CIRCLE  
(Address)

WINTER PARK FL 32789  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT J. SAXTON at ( 407 ) 628-5347  
(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAY 20 11 08 AM

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BOB SAXTON LIGHTING FIXTURES, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

423 MALLARD CR.

WINTER PARK, FL 32789

**Mailing Address:**

423 MALLARD CR.

WINTER PARK, FL 32789

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

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

ROBERT J. SAXTON

Name

423 MALLARD CR.

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

WINTER PARK

FLORIDA 32789

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..*

x Robert J. Saxton

Registered Agent's Signature

FILED  
STATE  
SECRETARY OF  
CORPORATIONS  
JAN 10 2019

**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

ROBERT J. SAXTON

423 MALLARD CR.

WINTER PARK FL 32789

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

✓ Robert J. Saxton

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.)

ROBERT J. SAXTON

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  
SECRETARY OF STATE  
DIVISION OF CORPORATE FILINGS  
MAR 23 11 20 10