

104000035964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CLERK OF COURT
JULIA K. STEE
FLORIDA

104-35964
OK



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 19, 2004

BELINDA HOMES
5421 SHOTGUN TRAIL
CRESTVIEW, FL 32539

SUBJECT: BELINDA HOLMES LLC
Ref. Number: W04000015015

We have received your document for BELINDA HOLMES 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):

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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: 304A00025730

STATE OF FLORIDA
TALLAHASSEE
APR 19 2004

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1 Belinda Holmes 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:

Belinda Holmes
(Name of Person)

Belinda Holmes LLC
(Firm/Company)

5421 Shotgun Trail
(Address)

Crestview FL 32539
(City/State and Zip Code)

For further information concerning this matter, please call:

Belinda Holmes at (850) 682-0613
(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
MAY 11 AM 10:04
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Belinda Holmes LLC

ARTICLE II - Address:

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

Principal Office Address:

5421 Shotgun Trail
Crestview FL 32539

Mailing Address:

5421 Shotgun Trail
Crestview FL 32539

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

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

Belinda Holmes
Name

5421 Shotgun Trail
Florida street address (P.O. Box **NOT** acceptable)

Crestview FLORIDA 32539
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..

Belinda Holmes
Registered Agent's Signature

FILED
MAY 11 11 10:01
TALLAHASSEE, FLORIDA

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

Belinda Holmes
5421 Shotgun Trail
Crestview, FL 32539

MGRM

Levi Hanly
5421 Shotgun Trail
Crestview, FL 32539

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Belinda Holmes
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.)

Belinda Holmes
Typed or printed name of signer

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAR 11 11:10:01

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