

L040000036067

04 MAY 12 PM 2:18

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

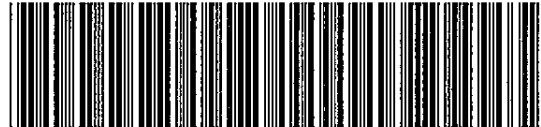
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600032439996

05/13/04--01002--001 \*\*125.00

05/13/04--01002--002 \*\*5.00



DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

04 MAY 12 PM 2:46

RECEIVED

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 MAY 12 PM 2:48

SUBJECT: Fox Creek Builders 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:

RON Stokes  
(Name of Person)

Fox Creek Builders LLC  
(Firm/Company)

7948 Coastal Highway  
(Address)

Newport FL 32352  
(City/State and Zip Code)

For further information concerning this matter, please call:

RON Stokes at (970) 978-1579  
(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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAY 12 PM 2:48

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fox Creek Builders LLC

ARTICLE II - Address:

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

Principal Office Address:

7948 Costal Highway  
Newport FL 32352

Mailing Address:

P.O. Box 201  
St Marks FL 32355-0201

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

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

Ken Stokes  
Name

7948 Costal Highway  
Florida street address (P.O. Box NOT acceptable)

Newport FL 32352  
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, F.S..

[Signature]  
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:

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAY 12 PM 2:48

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Don Stokes  
7948 Coastal Highway  
Newport FL 32358

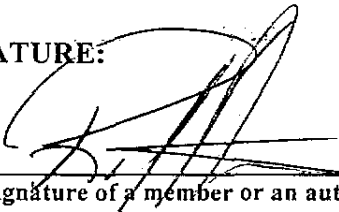
MGRM

Don Stokes  
380 West 25th Street  
Naples FL 34117

(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.)

Don Stokes  
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)