

L040000039093

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al

**LARRY JACOBS  
1147 VIA JARDIN  
PALM BEACH GARDENS, FL 33418  
561 881 1264**

MAY 5, 2004

Dear Registration Section of the Division of Corporations:

I AM APPLYING FOR REGISTRATION AS A FLORIDA LLC WITH THE  
COMPANY NAME OF "C B Hudirof L.L.C".....AND THE APPLICATION IS  
ENCLOSED.

I BELIEVE EVERYTHING IS IN ORDER.

A CHECK FOR THE FULL FEE(S) AMOUNT IS ALSO ENCLOSED.

PLEASE CONTACT ME AT THE ABOVE ADDRESS IF NECESSARY.

THANK YOU VERY MUCH,



LARRY JACOBS

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE C B HUDIROLF CO. ~~LLC~~ 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:

LARRY Jacobs  
(Name of Person)

C B HUDIROLF  
(Firm/Company)

1147 Via Jardin  
(Address)

Palm Beach Gardens FL 33418  
(City/State and Zip Code)

For further information concerning this matter, please call:

LARRY Jacobs at (561) 881 1264  
(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

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE C B HUDIBOLF CO. 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:

1147 VIA JARDIN  
Palm Beach Gardens  
FL 33418

same  
\_\_\_\_\_  
\_\_\_\_\_

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

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

LARRY Jacobs

Name

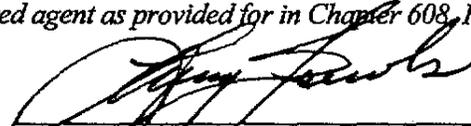
1147 VIA JARDIN

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

Palm Beach Gardens FLORIDA 33418

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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

LARRY Jacobs  
1147 VIA JARDIN  
TALENT BEACH BARBERS FL 33418

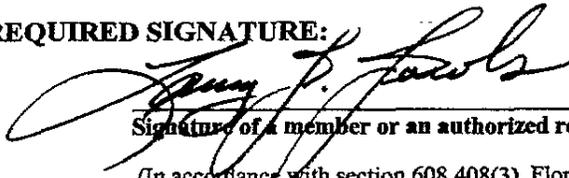
MGRM

JAMES SCHULTENIVER  
461 WEBBANNER ST  
WELLS, ME 04090

(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.)

LARRY J. JACOBS

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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