

LO4000039093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

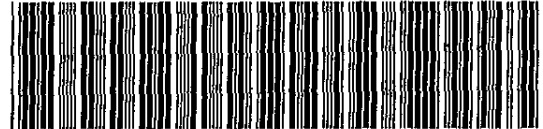
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/17/04--01056--006 **155.00

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04/17/04 PM 1:30
TALLAHASSEE, FLORIDA

LO4-39093
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:

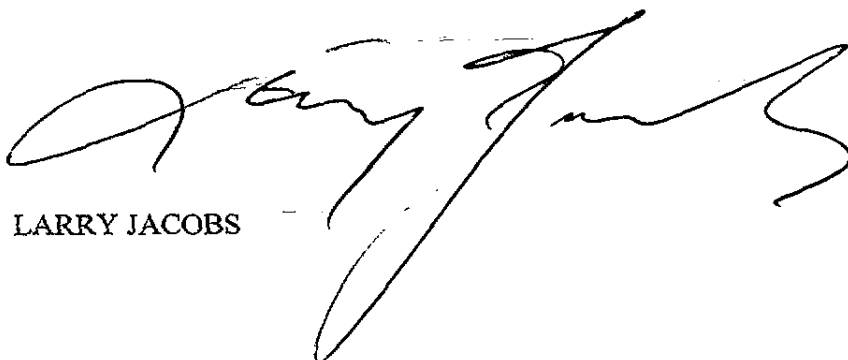
I AM APPLYING FOR REGISTRATION AS A FLORIDA LLC WITH THE
COMPANY NAME OF "C B Hudirolf L.L.C".....AND THE APPLICATION IS
ENCLOSED.

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

04 MAY 17 PM 1:35

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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

6/17/17 PM 1:34

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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

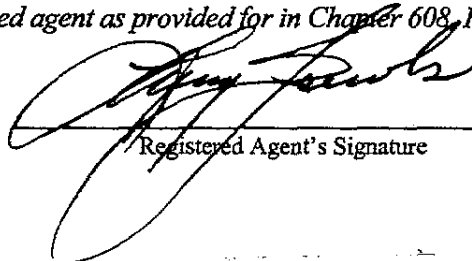
Same

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

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 GARDENS FL 33418

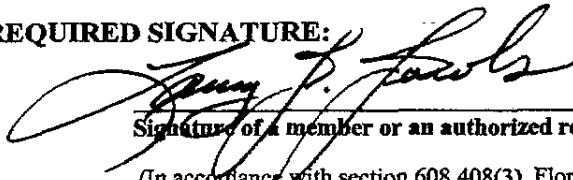
MGRM

JAMES SCHULTENIVER
461 WEBB HANNET 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 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

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