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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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**Denison and Denison, P.C.**

JOSEPH C. DENISON, SR.  
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TOM KOTOUC

(334) 742-0725  
FAX (334) 749-3724

May 13, 2004

Florida Department of State  
Registration Section, Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

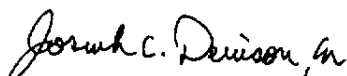
Re: Execumax of Northwest Florida, LLC

W04-20741

Dear Sir or Madam:

I have enclosed Articles of Organization for Execumax of Northwest Florida, LLC. Please record the Limited Liability Company Articles of Organization and return a letter of acknowledgment, certified copy and Certificate of Status for the LLC to me. I have also enclosed my \$160.00 check for the filing fees. Thank you for your assistance in this matter. God bless you.

Sincerely,

  
Joseph C. Denison, Sr.

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 27, 2004

JOSEPH C. DENISON, SR.  
DENISON AND DENISON, P.C.  
1621 DEER TRACT ROAD  
OPELIKA, AL 36801

SUBJECT: EXECUMAX OF NORTHWEST FLORIDA, LLC  
Ref. Number: W04000020741

We have received your document for EXECUMAX OF NORTHWEST FLORIDA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the mailing address and street address of the company in Article II.

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) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 204A00037244

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: **EXECUMAN OF NORTH WEST FLORIDA, LLC**

### ARTICLE II - Address:

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

**3 PALM DRIVE, SHAHIMAR, FL 32579**

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

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

**RONALD L. TODD**

Name

**3 PALM DRIVE**

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

**SHAHIMAR FL 32579**

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.*

*Ronald L. Todd*

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

*Ronald L. Todd*

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.)

**RONALD L. TODD**

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)

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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

RONALD L. TODD  
3 PALM DRIVE  
SHALIMAR FL 32529

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Ronald L. Todd  
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.)

RONALD L. TODD  
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)

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