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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

ATX1

TO: Registration Section
Division of Corporations

SUBJECT: SPICER FRAMING 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:

BOBBY J. SPICER
(Name of Person)

SPICER FRAMING LLC
(Firm/Company)

P O BOX 1441
(Address)

PAXTON, FL 32538
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

BOBBY J. SPICER at (850) 546-0119
(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

SPICER FRAMING LLC

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

ATX1

ARTICLE I - Name:

The name of the Limited Liability Company is:

SPICER FRAMING LLC

ARTICLE II - Address:

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

Principal Office Address:

SPICER FRAMING LLC

934 ADAMS STREET

PAXTON, FL 32538

Mailing Address:

SPICER FRAMING LLC

P O BOX 1441

PAXTON, FL 32538

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

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

BOBBY J. SPICER

Name

934 ADAMS STREET

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

PAXTON

FLORIDA 32538

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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..

Bobby J. Spicer

Registered Agent's Signature

SPICER FRAMING LLC

ARTICLE IV- Manager(s) or Managing Member(s):

ATX1

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

BOBBY J. SPICER

P O BOX 1441

PAXTON, FL 32538

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Bobby J. Spicer

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.)

BOBBY J. SPICER

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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)