

# L04000044525

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(Address)

(Address)

(City/State/Zip/Phone #)

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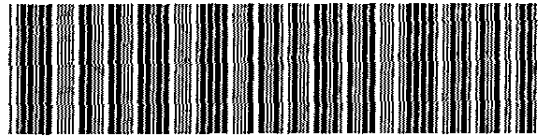
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Acknowledgement

DCC

W. P. Verifier

DCC



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TALLAHASSEE, FLORIDA

2004 JUN 10 P 3:12

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Darrell Crews Septic Tank Service "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:

Darrell Crews  
(Name of Person)

Darrell Crews Septic Tank Service "LLC"  
(Firm/Company)

10626 James Crews Rd  
(Address)

Sanderson FL 32087  
(City/State and Zip Code)

For further information concerning this matter, please call:

Darrell Crews at (904) 259-7364  
(Name of Person) (Area Code & Daytime Telephone Number)

2004 JUN 10 P 3: 2  
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**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**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Darrell Crews Septic Tank Service "LLC"

**ARTICLE II - Address:**

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

**Principal Office Address:**

10626 James Crews Rd  
Sanderson FL 32087

**Mailing Address:**

10626 James Crews Rd  
Sanderson, FL 32087

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**  
The name and the Florida street address of the registered agent are:


Darrell Crews  
Name

10626 James Crews Rd  
Florida street address (P.O. Box NOT acceptable)

Sanderson FLORIDA 32087  
City, State, and Zip

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2004 JUL 10 P 3 13  
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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..*

  
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:**

"MGR"

James Darrell Crews  
10626 James Crews Rd  
Sanderson FL 32087

"MGRM"

James E. Crews  
10626 James Crews Rd  
Sanderson, FL 32087

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

James Darrell Crews  
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.)

James Darrell Crews  
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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