

L040000 47024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

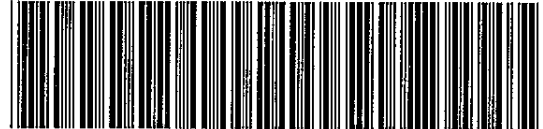
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500036906875

06/21/04--01013--027 **130.00

FILED

04 JUN 21 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FF \$125
Cus 5

MILTON H. BAXLEY II

ATTORNEY AT LAW
c/o 1929 N.W. 12th TERRACE
GAINESVILLE, FLORIDA [32609]

FEDERAL TAXATION
PERSONAL INJURY AND WRONGFUL DEATH
TRIAL PRACTICE

June 17, 2004

MAILING ADDRESS
c/o 1929 N.W. 12 TH TERRACE
GAINESVILLE, FLORIDA [32609]

Telephone (352) 375 - 1616

Fax (352) 335 - 8448

Honorable Glenda E. Hood
Secretary of State
State of Florida
The Capitol
Tallahassee, Florida 32339-0001

Re: Articles of Organization of **Besta One, L.L.C.**

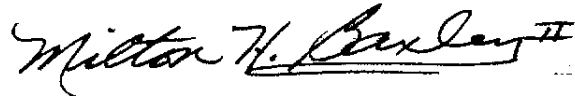
Dear Ms. Hood:

I am enclosing the following:

1. Original and one (1) copy of Articles of Organization of **Besta One, L.L.C.**; and
2. A money order in the amount of \$130.00 to cover filing fees.

Please file the enclosed Articles of Organization at the earliest possible time and send your confirmation to me. If you require anything else to effectively establish the above referenced limited liability company, please advise me immediately.

Very truly yours,



Milton H. Baxley II

Enclosures

FILED
04 JUN 21 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:

Besta One, L.L.C.

ARTICLE II

The mailing address and street address of the principle office of the limited liability company is:

Mailing Address:

c/o Post Office Box 5291
Spring Hill, Florida [34611]

Street Address:

c/o 13148 Taft Street
Brooksville, Florida [34609]

ARTICLE III

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

Lois Jackson
c/o 6252 Commercial Way, #168
Spring Hill, Florida [34613]

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 provision of all state 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..

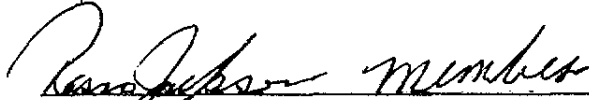


Lois Jackson, Registered Agent

FILED
04 JUN 21 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV - Management (Check box if applicable)

- ☒ The limited liability company is to be managed by one manager or more managers and is, therefore, a manager - managed company.


Rosso Jackson- Member

FILED

04 JUN 21 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA