

W04000050084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

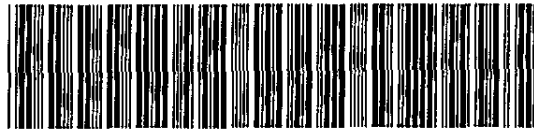
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

7/2

FLC

Office Use Only



000038342230

07/02/04--01009--009 **125.00



06 JUL 05 10:00 AM '04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Tate Company, L.L.C.
(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:

Robert J. Tate
(Name of Person)

The Tate Company, L.L.C.
(Firm/Company)

4276 Verona Ave
(Address)

Jacksonville, FL 32210
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert J. Tate at (904) 389-8079
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Tate Company, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

4276 Verona Ave

Jacksonville, FL 32210

Mailing Address:

4276 Verona Ave

Jacksonville, FL 32210

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

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

Robert J. Tate

Name

4276 Verona Ave

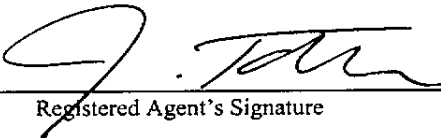
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL 32210

FLORIDA

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

04/11/2011 09:35

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

"MGRM" = Managing Member

Jacksonville, FL

[illegible]

REQUIRED SIGNATURE:

(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.)

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)