

W4000050085

(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

FLIC

CWS

Office Use Only



800038346888

07/02/04--01009--010 \*\*130.00

03/02/04 11:00:00

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Firebott 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:

Annemarie Minton  
(Name of Person)

Firebott LLC  
(Firm/Company)

2920 SE 148<sup>th</sup> Place Road  
(Address)

Summerfield FL, 34491  
(City/State and Zip Code)

For further information concerning this matter, please call:

Annemarie Minton at (352) 266-7613  
(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:

Firebott LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2920 SE 148<sup>th</sup> place road  
Summerfield, FL 34491

**Mailing Address:**

2920 SE 148<sup>th</sup> place road  
Summerfield, FL 34491

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

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

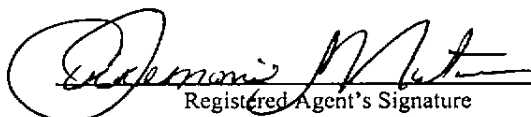
Annemarie Minton  
Name

2920 SE 148<sup>th</sup> Place Road  
Florida street address (P.O. Box NOT acceptable)

Summerfield FLORIDA 34491  
City, State, and Zip

04 JUN - 2 PM 6:35

*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:**

MGRM

Annemarie Minton  
2920 SE 148<sup>th</sup> Place Road  
Summerfield FL 34491

MGRM

Jamison H Brown  
2920 SE 148<sup>th</sup> Place Road  
Summerfield FL 34491

\_\_\_\_\_

\_\_\_\_\_

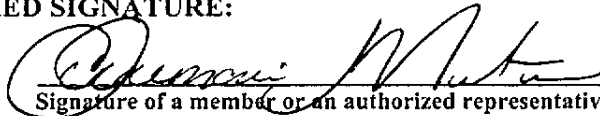
\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Annemarie Minton  
\_\_\_\_\_  
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)