

LO4000054246

Page 1 of 1

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000150596 3)))

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

RECEIVED

04 JUL 21 PM 3:03

DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**James Herring Trim LLC**

Certificate of Status	1
Certified Copy	0
Page Count	023
Estimated Charge	\$130.00

RECEIVED  
JUL 21 10:03 AM  
TALLAHASSEE

FILED

Name Availability	
Document Examiner	DCC
Updater	
Updater Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **James Herring Trim LLC**

## ARTICLE II - Address

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

Principal Office Address:**1421 Catmar Road****Niceville, FL 32578**Mailing Address:**1421 Catmar Road****Niceville, FL 32578**

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's Signature

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

**James Herring**

Name

**1421 Catmar Road**(P.O. Box or Mail Drop Box NOT Acceptable)**Niceville, FL 32578**

(City / State / Zip)

FILED  
 2024 JUL 21 A.C.  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

*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, F.S.*

  
 Registered Agent's Signature - James Herring

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

James Herring- 1421 Catmar Road, Niceville, FL 32578

(Use attachment if necessary)

REQUIRED SIGNATURE:

  
Signature of a member or 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 Herring

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FL

2009 JUL 21 A 10:06

FILED