

L04/000054763

2004 JUL 19 P 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

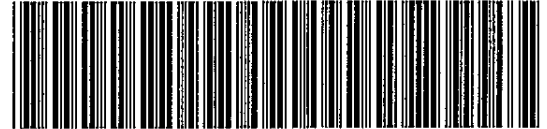
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**TRANSMITTAL LETTER**

**FILED**

**TO:** Registration Section  
Division of Corporations

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**SUBJECT:** Charlie Hargrett LLC  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charlie Hargrett  
(Name of Person)

Charlie Hargrett LLC  
(Firm/Company)

Post Office Box 225  
(Address)

Lacrosse, Florida 32658  
(City/State and Zip Code)

For further information concerning this matter, please call:

Charlie Hargrett at ( 386 ) 462-0426  
(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

**Charlie Hargrett**

3306 NW 149<sup>th</sup> Avenue, Gainesville, Florida 32609  
Post Office Box 225, Lacrosse, Florida 32658  
Telephone: (386) 462-0426

**FILED**

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Via First Class U.S. Mail

JUL 17 2004 DEPT OF STATE  
TALLAHASSEE, FLORIDA

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Dear Sirs:

Enclosed please find on behalf of myself, Charlie Hargrett, as the sole organizer, member and managing member of a new Florida limited liability company to be named Charlie Hargrett LLC, the following:

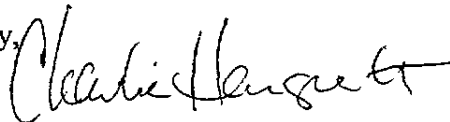
1. a check in the amount of \$130.00 for the cost of filing new articles of organization, designation or registered agent, and certificate of status for Charlie Hargrett LLC;
2. original Articles of Organization for Charlie Hargrett LLC;
3. transmittal letter for filing new articles of organization.

Upon the filing of these new articles of organization, please send the certified copy and certificate of status to me at the following address:

Charlie Hargrett  
Post Office Box 225, Lacrosse, Florida 32658  
Telephone: (386) 462-0426

Please advise if you have any questions.

Sincerely,



Charlie Hargrett, Managing Member  
Charlie Hargrett LLC

Enclosures

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

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

\_\_\_\_\_  
Charlie Hargrett LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

\_\_\_\_\_  
3306 NW 149th Avenue

\_\_\_\_\_  
Gainesville, FL 32609

**Mailing Address:**

\_\_\_\_\_  
Post Office Box 225

\_\_\_\_\_  
Lacrosse, Florida 32658

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

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

\_\_\_\_\_  
Charlie Hargrett

Name

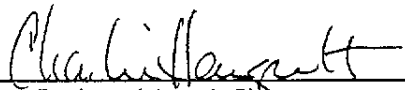
\_\_\_\_\_  
3306 NW 149th Avenue

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

\_\_\_\_\_  
Gainesville                      FLORIDA    32609

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  
Charlie Hargrett

**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

Charlie Hargrett

Post Office Box 225

Lacrosse Florida 32658

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

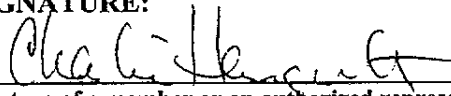
\_\_\_\_\_

\_\_\_\_\_

(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.)

Charlie Hargrett

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)**