

W40000573/6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

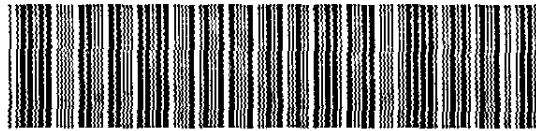
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STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Steve Dolliver Services, 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:

S. Parker Lawrence, Esq
(Name of Person)

+ Parker Lawrence, PA
(Firm/Company)

3720 NW 43rd St, Ste 101

(Address)

Gainesville, FL 32606
(City/State and Zip Code)

For further information concerning this matter, please call:

at () 352-373-4160
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS: MAILING ADDRESS:

Registration Section Registration Section

Division of Corporations Division of Corporations

409 E. Gaines Street P.O. Box 6327

Tallahassee, Florida 32399 Tallahassee, Florida 32314

Please date/time stamp & return the extra copy

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

ARTICLE I

Name

The name of the Limited Liability Company is:

Steve Dolliver Services, LLC

ARTICLE II

Address

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

Principal Office Address:
9331 NE 60th Street
Bronson, FL 32621

Mailing Address:
P. O. Box 1807
Bronson, FL 32621

ARTICLE III

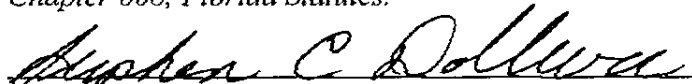
Registered Agent, Registered Office, & Registered Agent's Signature

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

Name

Stephen C. Dolliver
Florida street address (P.O. Box NOT acceptable)
9331 NE 60th Street
Bronson, FL 32621

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.


Stephen C. Dolliver

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

"MGR" = Manager

"MGRM" = Managing Member

Stephen C. Dolliver
P. O. Box 1807
Bronson, FL 32621

STATE OF FLORIDA
TALLAHASSEE

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(Use attachment if necessary)

ARTICLE V

The entity shall commence business August 1, 2004.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

Typed or printed name of signee

Stephen C. Dolliver

(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.)

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)