

L 04000058350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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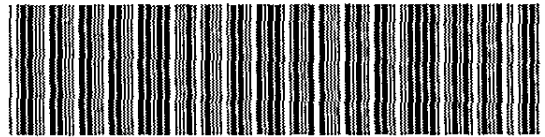
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

3K

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
04 AUG -5 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Willacoochee Concepts, L.L.C.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ 155.00
~~\$78.75~~
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: W. C. Laslie

Name (Printed or typed)

7543 Salem Rd.

Address

Quincy, FL 32352

City, State & Zip

850/627-2621

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Willacoochee Concepts, 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:

7543 Salem Rd.

Quincy, FL 32352

Mailing Address:

7543 Salem Rd.

Quincy, FL 32352

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

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

W. C. Laslie

Name

7543 Salem Rd.

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

Quincy FL 32352

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, F.S.


Registered Agent's Signature

(CONTINUED)

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:

<u>MGRM</u>	<u>William D. Munroe, Jr.</u> <u>19 Fenton Wood Dr.</u> <u>Sterling, VA 20165</u>
<u>MGRM</u>	<u>T. Charles Riddle</u> <u>530 Havana Hwy.</u> <u>Quincy, FL 32352</u>
<u>MGRM</u>	<u>Sam Anderson</u> <u>3432 Piedmont Rd., Apt 332</u> <u>Atlanta, GA 30305</u>
<u>MGRM</u>	<u>W. C. Laslie</u> <u>7543 Salem Rd.</u> <u>Quincy, FL 32352</u>

(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.)

W. C. Laslie
Typed or printed name of signer

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)