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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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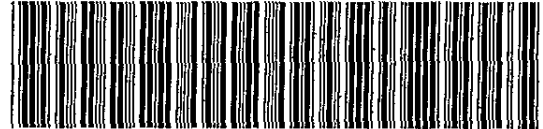
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTHWEST FLORIDA 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:

MELANIE D. HUSTON
(Name of Person)

NORTHWEST FLORIDA SERVICES LLC
(Firm/Company)

1006 MONTCLAIR RD
(Address)

PENSACOLA, FL. 32505
(City/State and Zip Code)

For further information concerning this matter, please call:

MELANIE HUSTON at (850) 434-5356
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

NORTHWEST FLORIDA SERVICES LLC

ARTICLE II - Address:

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

Principal Office Address:

NORTHWEST FLORIDA SERVICES

1006 MONTCLAIR RD

PENSACOLA, FL 32505

Mailing Address:

NORTHWEST FL. SERVICES

P.O. BOX 37087

PENSACOLA, FL. ~~32505~~
32526

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

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

MELANIE D. HUSTON

Name

1006 MONTCLAIR RD

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

PENSACOLA, FLORIDA 32505

City, State, and Zip

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04 AUG - 6 PM 3:20

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..

Melanie D. Huston

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:

MGR

MELANIE D. HUSTON

1006 MONTCLAIR RD

PENSACOLA, FL. 32505

MGRM

JAMES M. OWEN

P.O. BOX 37087

PENSACOLA, FL 32526

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

James M. Owen
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.)

JAMES M. OWEN

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)