

LU40000 63584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400039615194

08/27/04--01026--001 **125.00

RECEIVED
04 AUG 27 AM 10:11
DIVISION OF CORPORATION

FILED
04 AUG 27 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LU4-63584
AC

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Splicing Specialties 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:

MARY L. ROMINE
(Name of Person)

Splicing Specialties LLC
(Firm/Company)

1400 Village Sq. Blvd., #3 Box 261
(Address)

Tallahassee, FL. 32312
(City/State and Zip Code)

For further information concerning this matter, please call:

MARY L. ROMINE at (850) 272-2406
(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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 AUG 27 AM 10:03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Splicing Specialties LLC

ARTICLE II - Address:

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

Principal Office Address:

1400 Village Sq. Blvd. #3
Box 261
Tallahassee, FL 32312

Mailing Address:

1400 Village Sq. Blvd. #3
Box 261
Tallahassee, FL 32312

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

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

MARY L. ROMINE
Name

1400 Village Sq. Blvd. #3, Box 261
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32312
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.

Mary L. Romine
Registered Agent's Signature

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AUG 28 AM 10:03

(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:

MGR

MARY L. ROMINE
1400 Village Sq. Blvd #3 Box 261
Tallahassee, FL. 32312

MGRM

Joel D. Shirey
1400 Village Sq. Blvd. #3 Box 261
Tallahassee, FL. 32312

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Mary L. Romine

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.)

MARY L. ROMINE

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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 AUG 27 AM 10:03