

L04 0000 67012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

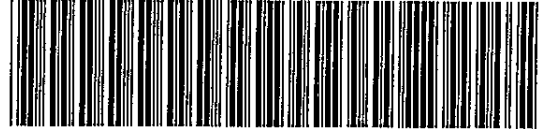
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

ATX1

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REX SANDERSON CONST. 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:

REX SANDERSON  
(Name of Person)

REX SANDERSON CONST. LLC  
(Firm/Company)

2552 LAKE SILVER ROAD  
(Address)

CRESTVIEW, FLORIDA 32536  
(City/State and Zip Code)

For further information concerning this matter, please call:

REX SANDERSON at 850-683-0488  
(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  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

REX SANDERSON CONST. LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

REX SANDERSON CONST. LLC

2552 LAKE SILVER ROAD

CRESTVIEW, FLORIDA 32536

**Mailing Address:**

REX SANDERSON CONST. LLC

2552 LAKE SILVER ROAD

CRESTVIEW, FLORIDA 32536

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

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

REX SANDERSON

Name

2552 LAKE SILVER ROAD

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

CRESTVIEW

FLORIDA 32536

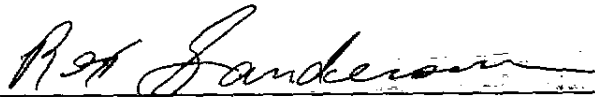
City, State, and Zip

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*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

REX SANDERSON CONST. LLC

**ARTICLE IV- Manager(s) or Managing Member(s):**

ATX1

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

REX SANDERSON


2552 LAKE SILVER ROAD

CRESTVIEW, FL 32536

(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.)

REX SANDERSON

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**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)