

L040000073848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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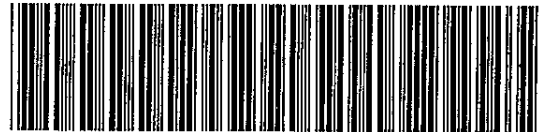
DCC

Acknowledgment

DCC

W. P. Verifier

DCC



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10/11/04--01025--011 \*\*125.00

2004 OCT 11 A 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

October 6, 2004

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is an application for our company to become an L.L. C. I am also enclosing a check for \$125.00 as stated in the instructions. Any questions or if I need to do something else, please let me know. Our phone number is 321-636-6837.

Thank you,

*Todd A. Box*  
*Christine A. Box*

Todd A. and Christine A. Box  
4370 Alamosa Street  
Cocoa, FL 32927

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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Todd Box Construction 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:

Todd A. Box & Christine A. Box  
(Name of Person)

Todd Box Construction  
(Firm/Company)

4370 Alamosa Street  
(Address)

Cocoa, Florida 32927  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christine A. Box at ( 321 ) 636-6837  
(Name of Person) (Area Code & Daytime Telephone Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Todd Box Construction, 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:**

4370 Alamosa Street

Cocoa, Florida 32927

**Mailing Address:**

4370 Alamosa Street

Cocoa, FL 32927

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

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

Todd A. Box

Name

4370 Alamosa Street

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

Cocoa FLORIDA 32927

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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..*

Todd A. Box

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:**

MGRM

Todd A. Box

4370 Alamosa Street

Cocoa, FL 32927

MGRM

Christine A. Box

4370 Alamosa Street

Cocoa, FL 32927

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Christine A. Box  
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.)

Christine A. Box  
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)

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TALLAHASSEE, FLORIDA