

W4000081146

(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:

11/4

FLCC

Office Use Only



200042419392

01/04/04--01020--009 **125.00

MJH

FILED

04 NOV -4, PM 4:28

FILED
CLERK OF COURT
FLORIDA

D. MICHAEL CLOWER, P.A.

ATTORNEY AT LAW
322 SILVER BEACH AVENUE
DAYTONA BEACH, FLORIDA 32118
OFFICE: (386) 239-0100
FAX: (386) 239-0455

November 2, 2004

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

Re: Filing Articles of Organization for Limited Liability Company

Dear Sir or Madam:

You will find enclosed herewith the following documents:

1. Original and one copy of Articles of Organization for Silver Night Enterprises, LLC, a limited liability company;
2. Original Certificate of Designation of Registered Agent/Registered Office; and
3. Check made payable to Florida Department of State in the sum of \$125.00, which represents the \$100.00 filing fee and \$25.00 Designation of Registered Agent fee.

After filing of these documents, please forward a letter of acknowledgment regarding the filing to me at the address listed above in my letterhead.

Thank you.

Sincerely,



D. Michael Clower

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The undersigned individual hereby submits for filing pursuant to Florida Statute 608 the Articles of Organization for the following named Florida Limited Liability Company:

ARTICLE I - Name:

The name of the Limited Liability Company is: SILVER NIGHT ENTERPRISES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 108 North Cooper Street, New Smyrna Beach, Florida 32168.

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

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

Robert L. Adkins

Name

108 North Cooper Street

Florida Street Address

New Smyrna Beach, Florida 32168

City, State and Zip Code

04 NOV -4 PM 4:28
FILED
TALLAHASSEE, FLORIDA

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 of the Florida Statutes.

Robert L. Adkins
Registered Agent's Signature

11-2-2004

ARTICLE IV - Management (Check box if applicable):

☒ The Limited Liability Company is to be managed by one or more managers and is,

therefore, a manager-managed company.

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.

Robert L. Adkins 11-2-2004
Signature of Member

Robert L. Adkins
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

SILVER NIGHT ENTERPRISES, LLC

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

Robert L. Adkins

Name

108 North Cooper Street

Florida street address

New Smyrna beach, Florida 32168

City, State/Zip Code

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.

Robert L. Adkins 11-2-2004
Signature