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TRANSMITTAL LETTER

Registration Section  
Division of Corporation

SUBJECT: Big Scallop, 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 A. Niles  
(Name of Person)

(Firm/Company)

4966 Wild Heron Way  
(Address)

Jacksonville, Fl. 32225  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary A. Niles at ( 904 ) 642-7456  
(Name of Person) (Area code & Daytime Telephone #)

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Big Scallop, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

4966 Wild Heron Way

Jacksonville, FL 32225

**Mailing Address:**

4966 Wild Heron Way

Jacksonville, FL 32225

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

The name of the Florida street address of the registered agent is:

Mary A. Niles

Name

4966 Wild Heron Way

Florida Street address  
(P.O. Box NOT acceptable)

Jacksonville, Florida

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, Florida Statutes.

Mary A. Niles

Registered Agent's Signature

