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FAX NO

P. 01

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
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Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A.
Account Number : I20020000128
Phone : (904)356-6311
Fax Number : (904)356-7330

RECEIVED
04 DEC 10 AM 8:20
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Phoenix Products, LLC

Certificate of Status	1
Certified Copy	0
Page Count	023
Estimated Charge	\$130.00

2004 DEC 10 3:48:55

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H04000243731 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Phoenix Products, LLC

ARTICLE II - Address:

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

Principal Office Address:

8050 Philips Highway
Jacksonville, FL 32256

Mailing Address:

Post Office Box 45022
Jacksonville, FL 32232

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

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

Kathleen Holbrook Cold

Name

One Independent Drive, Suite 2301

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

Jacksonville FL 32202

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.


Registered Agent's Signature

H04000243731 3

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H04000243731 3

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:MGRRon Roy8050 Phillips HighwayJacksonville, FL 32256MGRRandy Ringhaver8050 Phillips HighwayJacksonville, FL 32256

(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.)

Kathleen Holbrook Cold

Typed or printed name of signee

Filing Fees:**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**

H04000243731 3

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