

L04000092176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

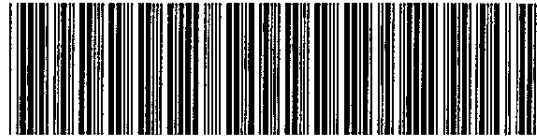
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100043090001

12/13/04--01031--026 \*\*125.00

W 12/21/04

FILED  
2004 DEC 13 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4g

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAXWELL'S MAGNETO SHOP 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:

STEVEN ALLEN CARTER  
(Name of Person)

MAXWELL'S MAGNETO SHOP LLC  
(Firm/Company)

12986 HELM DRIVE  
(Address)

JACKSONVILLE, FLORIDA 32258  
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN ALLEN CARTER at (904) 880-5390  
(Name of Person) Area Code & Daytime Phone

FILED  
2004 DEC 13 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STREET ADDRESS**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MAXWELL'S MAGNETO SHOP LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

12986 HELM DRIVE  
JACKSONVILLE, FL 32258

**Mailing Address:**

12986 HELM DRIVE  
JACKSONVILLE, FL 32258

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

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

STEVEN ALLEN CARTER  
Name

12986 HELM DRIVE  
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE FLORIDA 32258  
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

FILED  
2004 DEC 13 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGR

STEVEN ALLEN CARTER  
12986 HELM DRIVE  
JACKSONVILLE, FL 32258

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILED  
2004 DEC 13 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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.)

STEVEN ALLEN CARTER

Typed or printed name of signer

**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)