# L05000021444

(Re	equestor's Name)	
(Ac	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<i>;</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		1

Office Use Only



600047128446

02/28/05--01032--003 \*\*125.00

1803/03/0j

005 FEB 28 PM 2: 18 SECRETAKY OF STATE LLAHASSFE, FLORIO

5,,

# TRANSMITTAL LETTER

	ion Section of Corporations		-
SUBJECT:	247 Limosine, LLC		<u> </u>
	(Name of Limite	d Liability Company)	
The enclosed Artic	cles of Organization and fee(s) are s	ubmitted for filing.	
Please return all co	orrespondence concerning this matter	er to the following:	
	The state of the s	F. Panebianco	
	(I	Name of Person)	
	(	Firm/Company)	
	`	· · · · · · · · · · · · · · · · · · ·	2005 FEB 28 PM 2: TATTALLAHASSEE, FLOR
	P.O. Bo	ox 3546	LARE TEB
	· · · · · · · · · · · · · · · · · · ·	(Address)	7AR A See
			EFG Z
	Tallahas	ssee, FL 32315	FST PS
-	(City.	/State and Zip Code)	DRIDA TO
For further inform	ation concerning this matter, please	call:	
Thomas F. Pane	ebianco	at (_850) 575-1293	
	Name of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a che	eck for the following amount:		
<b>Ø</b> \$125.00 Filing	Fee \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
]	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING AI Registration S Division of Co P.O. Box 6327	ection orporations

Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

247 Limosine, LLC					
ARTICLE II - Address:	eat address of the main simal office	of the Limited Linkility Com			
The manning address and sur	eet address of the principal office	of the Limited Liability Con	npany is:		
Principal Office Address:	Mailing Ac	<u>ldress:</u>			
1801 N. Meridian Rd., Suite A	P.O. Box 35	46			
Tallahassee, FL 32303	Tallahassee,	FL 32315	-		
· ·	Agent, Registered Office, & R	TĂ	2005 FI		
Thomas F. Panebianco		AS			
	Name	SE	28 28		
1801 N. Meridian Rd. , Suite A		in and the second secon	<b>※ 38 C</b>		
Florida street address (P.O. Box NOT acceptable)		NOT acceptable)	%   AT		
	Tallahassee, FL 32303		<u>π</u>		
	City State and Zin		•		

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

(CONTINUED)

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Mark A. Thomas	ي المعادل المع
	4740 Blountstown Hwy	
	Tallahassee, FL 32304	• •
MGRM	Wilton Miller	
	201 South Monroe	- 
	Tallahassee, FL 32301	
MGRM	Stan Freeman	. 21 - 1 - 7 - <del>1 - 1 - 1</del> - 1
	882 Blountstown Hwy	
	Tallahassee, FL 32304	•
MGRM	Gary Shuler	
	Hwy 71 North	
	Blountstown, FL 32424	superior so
(Use attachment if necessary)		
NOTE: An additional article mus	t be added if an effective date is requested.	2015 SE
REQUIRED SIGNATURE:		FILE 2005 FEB 28 SECRETARY
		LE 28 SSI

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Signature of a member or an authorized representative of a member.

that the facts stated herein are true.)

Thomas F. Panebianco

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)

## ARTICLE IV- Manager(s) or Managing Member(s) Attachment

**MGRM** 

Thomas F. Panebianco
1801 N. Meridian Rd., Suite A
Tallahassee, FL 32303

FILED 2005 FEB 28 PM 2: 18 SECRETARY OF STATE TALLAHASSEE, FINGE