

L05000023630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

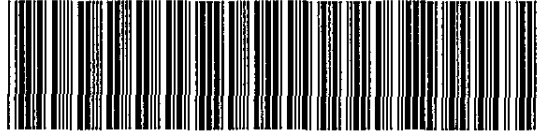
(Document Number)

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03/09/05--01001--012 **155.00

EFFECTIVE DATE
3/7/05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAR -8 AM 11:24

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAR -8 PM 4:02

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

S.D. Cox-Roth, LLC

EFFECTIVE DATE

3/7/05

Art of Inc. File

LTD Partnership File

Foreign Corp. File

☒ L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

☒ Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

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05 MAR -8 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature

Requested by:

WL 3/8 4:00

Name

Date

Time

Walk-In

Will Pick Up

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: S.D. COX-ROTH LLC

ARTICLE II - Address:

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

Principal Office Address:

1831 NW 13TH ST. #6
GAINESVILLE, FL 32609

Mailing Address:

SAME

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

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

S. DAVID COX
Name

1831 NW 13TH ST., Suite #6
Florida street address (P.O. Box NOT acceptable)

GAINESVILLE FL 32609
City, State, and Zip

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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..

S. David Cox
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

S. DAVID COX
1831 NW 13TH ST. #6
GAINESVILLE, FL 32609

ARTICLE V EFFECTIVE DATE: THE EFFECTIVE
(Use attachment if necessary) **DATE OF THIS LLC IS TO BE MARCH 7, 2005.**

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

S. David Cox
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.)

S. DAVID COX
Typed or printed name of signee

Filing Fee:

\$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)