

LD5000037022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

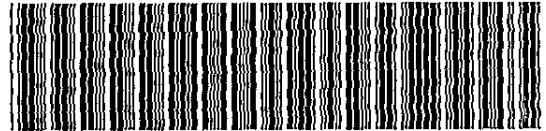
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700046624107

04/13/05--01009--012 **155.00

FILED
05 APR 13 AM 11:37
FIDELITY & SECURITY

T. Brumbley APR 15 2005

FF \$125
cc 30

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEXA FABRICS, 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:

SCOTT I. MERLIN, ESQ.
(Name of Person)

COHEN POLLOCK MERLIN AXELROD & SMALL, P.C.
(Firm/Company)

3350 RIVERWOOD PARKWAY, SUITE 1600
(Address)

ATLANTA, GEORGIA 30339
(City/State and Zip Code)

For further information concerning this matter, please call:

SCOTT I. MERLIN at (770) 8581288
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certificate of Status
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certificate of Status &
Certificate of Status
(additional copy is enclosed) |
|--|---|---|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

FILED
05 APR 13 AM 11:37
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LEXA FABRICS, LLC

ARTICLE II - Address:

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

Principal Office Address:

2450 Denaud Road
LaBelle, Florida 33935

Mailing Address:

2450 Denaud Road
LaBelle, Florida 33935

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

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

Ajit Patel

Name

2450 Denaud Road

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

LaBelle

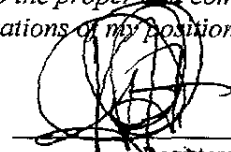
FL

33935

City, State, and Zip

FILED
05 APR 13 AM 11:37
TALLAHASSEE, FLORIDA

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Ajit Patel

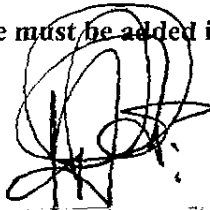
2450 Denaud Road

LaBelle, Florida 33935

(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.)

Ajit Patel

Typed or printed name of signee

FILED
05 APR 13 PM 11:37
STATE OF FLORIDA
TALLAHASSEE

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)