

L05000038970

(Requestor's Name)

Colbath
4388 S.E. Hamilton Ln.
Stuart, FL 34997

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

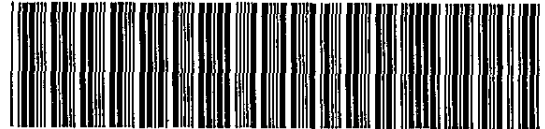
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400050366904

04/18/05--01041--009 **130.00

4/21/05
FILED
05 APR 18 PM 12:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

3p

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COLBATH CONSTRUCTION, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4388 S.E. HAMILTON LN.
STUART, FL. 34997

SAME

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

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

ALLIE P. COLBATH
Name

4388 S.E. HAMILTON LANE
Florida street address (P.O. Box **NOT** acceptable)

STUART FL 34997
City, State, and Zip

FILED
05 APR 18 PM 12:48
SECRETARY OF STATE
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:

MGR

ALLIE COLBATH
4388 SE. HAMILTON LV.
STUART, FL 34997

(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.)

ALLIE COLBATH

Typed or printed name of signee

FILED
05 APR 18 PM 12:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)