

LO5000044555

(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:

Date
Filing Office

| | |
|-------------------|-----|
| Document Examiner | DCC |
| Updater | DCC |
| Updater Verifier | DCC |
| Acknowledgement | DCC |
| W. E. M. Officer | DCC |

Office Use Only



000052263030

05/02/05--01029--024 **130.00

FILED
MAY -2 P 2:22
SECRETARY OF STATE
CORPORATE SERVICES DIVISION

TRANSMITTAL LETTER

ATX1

TO: Registration Section
Division of Corporations

SUBJECT: WILLIAM E OWENS 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:

WILLIAM E OWENS

(Name of Person)

WILLIAM E OWENS LLC

(Firm/Company)

6597 FISHERMANS LANE

(Address)

LAUREL HILL, FL 32567

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM E. OWENS

(Name of Person)

at 850-689-1730

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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
Tallahassee, Florida 32399

MAILING ADDRESS:

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

RECEIVED
MAY -2 P 2:22
TALLAHASSEE, FL

WILLIAM E OWENS LLC

ATX1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WILLIAM E OWENS 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:

WILLIAM E OWENS LLC

6597 FISHERMANS LANE

LAUREL HILL, FL 32567

WILLIAM E OWENS LLC

6597 FISHERMANS LANE

LAUREL HILL, FL 32567

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

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

WILLIAM E. OWENS

Name

6597 FISHERMANS LANE

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

LAUREL HILL

FL 32567

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..

William E. Owens

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

FILED
2005 MAY -2 P 2:22
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

WILLIAM E. OWENS

6597 FISHERMANS LANE

LAUREL HILL, FL 32567

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

William E. Owens

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.)

WILLIAM E. OWENS

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)

FILED
2005 MAY -2 P 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA