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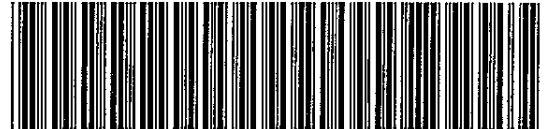
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FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

**TRANSMITTAL LETTER**

**To:** Registration Section  
Division of Corporations

**Subject:** Cowboy Construction, 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:

Robert L. Clarke  
(Name of Person)

Cowboy Construction, LLC  
(Firm/Company)

PO Box 5269  
(Address)

Santa Rosa Beach, FL 32459  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert L. Clarke at 850-699-8619  
(Name of Person) (Area Code & Daytime Phone Number)

**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

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is: Cowboy Construction, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

120 Peach Tree Circle  
Santa Rosa Beach, FL 32459

**Mailing Address:**

PO Box 5269  
Santa Rosa Beach, FL 32459

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature**

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

Robert L. Clarke  
Name

120 Peach Tree Circle  
Florida street address (P.O. Box NOT acceptable)

Santa Rosa Beach, FL 32459  
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 registered agent as provided for in Chapter 608, Florida Statutes..*



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

(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:**

MGRM

Robert L. Clarke  
120 Peach Tree Circle  
Santa Rosa Beach, FL 32459

**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.)

\_\_\_\_\_  
Robert L. Clarke

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA