

# L05000057089

(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:

Name  
Availability

Document

Location

DCC

Office Use Only

Admission Document DCC

W. P. Veriyyer DCC



## 500055563575

06/02/05--01035--011 \*\*130.00

EFFECTIVE DATE  
6/10/05

2005 JUN -2 P 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### FILED

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** C H JOHNSON & CO. 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:

CURTIS H. JOHNSON  
(Name of Person)

C H JOHNSON & CO. LLC  
(Firm/Company)

818-B SKY LAKE CIRCLE  
(Address)

ORLANDO, FLORIDA 32809  
(City/State and Zip Code)

For further information concerning this matter, please call:

CURTIS H. JOHNSON at ( 407 ) 854-5537  
(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 &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2005 JUN -2 P 2:13  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

C H JOHNSON & CO. LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

818-B SKY LAKE CIRCLE  
ORLANDO, FLORIDA 32809

#### Mailing Address:

818-B SKY LAKE CIRCLE  
ORLANDO, FLORIDA 32809

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

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

ROSALBA JOHNSON

Name

818-B SKY LAKE CIRCLE

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

ORLANDO FL 32809

City, State, and Zip

2005 JUN -2 P 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*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"

CURTIS H. JOHNSON  
818-B SKY LAKE CIRCLE  
ORLANDO, FLORIDA 32809

"MGRM"

ROSALBA JOHNSON  
818-B SKY LAKE CIRCLE  
ORLANDO, FLORIDA 32809

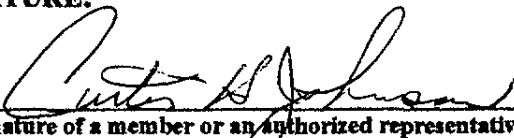
\_\_\_\_\_  
  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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.)

CURTIS H. JOHNSON

\_\_\_\_\_  
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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 JUN -2 P 2:13

FILED

**ARTICLE V. - Effective Date:**  
The effective date will be as follows:

JUNE 10, 2005

---

**FILED**

2005 JUN -2 P 2 13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA