

LO5000071406

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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06/26/05--01026--017 **125.00

M. HODGES

06/26/05

WAS-31981

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Owens Management, 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:

Roberta J. Halyburton
(Name of Person)

(Firm/Company)

910 Prince Road
(Address)

St. Augustine, FL 32086
(City/State and Zip Code)

For further information concerning this matter, please call:

Roberta J. Halyburton at 904 797-9825
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 30, 2005

ROBERTA HALYBURTON
910 PRINCE ROAD
ST. AUGUSTINE, FL 32086

SUBJECT: OWENS MANAGEMENT, LLC
Ref. Number: W05000031981

We have received your document for OWENS MANAGEMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Limited liability companies are either member-managed or manager-managed - not both. Member-managed companies are managed by the members of the limited liability company. Manager-managed companies are managed by non-members. Please amend your document to reflect either the limited liability company is member-managed or manager-managed. If the limited liability company is member-managed, list the names and addresses of the members who will manage the company and identify them solely as managing members. If the limited liability company is manager-managed, list the names and addresses of the non-members who will manage the company and identify them solely as managers. You cannot list both managers and managing members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 005A00044119

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Owens Management, 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:

910 Prince Rd. same
St. Augustine, FL 32086

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

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

Roberta J. Halyburton
Name

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

St. Augustine FL 32086
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.

Roberta J. Halyburton
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:

MGRM

Scott A. Owens
910 Prince Road
St. Augustine, FL 32086

MGRM

Roberta J. Halyburton
910 Prince Rd
St. Augustine, FL 32086

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Roberta J. Halyburton
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.)

Roberta J. Halyburton
Typed or printed name of signer

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)**