

LOS 0000 90844

(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:

Office Use Only



000059003860

09/08/05--01009- 004

\*\*12.00

130.00

2005 SEP -8 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

LOS-90844  
OK

EFFECTIVE DATE

9-105

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HIGLEY TRIO, 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:

CHRISTINE M. JOHNS  
(Name of Person)

HIGLEY TRIO, LLC  
(Firm/Company)

613 BARNES PKWY  
(Address)

NOKOMIS, FL 34275  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTINE JOHNS at 941, 412-0493  
(Name of Person) (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

2005 SEP -8 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Higley Trio, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

613 Barnes Pkwy

Nokomis, FL 34275

**Mailing Address:**

613 Barnes Pkwy

Nokomis, FL 34275

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

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

Christine Johns

Name

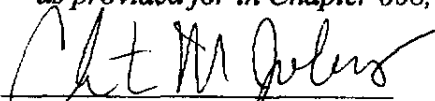
613 Barnes Pkwy

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

Nokomis, FL 34275

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..*

  
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

2005 SEP -8 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

EFFECTIVE DATE  
9-1-05

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title: Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM – Christine Johns, 613 Barnes Pkwy, Nokomis, FL 34275

(Use attachment if necessary)

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

**ARTICLE V – Effective Date:**

The effective date of the LLC is September 1, 2005

**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.)

Christine M. Johns

\_\_\_\_\_  
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 SEP -8 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA