

L05000123690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

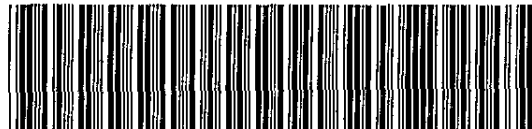
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900062409579

12/29/05--01026--015 \*\*155.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2005 DEC 29 PM 2:54

EFFECTIVE DATE

12-26-05

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REDDEN ENTERPRISES, 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:

BILL REDDEN

(Name of Person)

REDDEN ENTERPRISES, LLC

(Firm/Company)

4431 WORTH DRIVE WEST

(Address)

JACKSONVILLE FLORIDA 32207

(City/State and Zip Code)

For further information concerning this matter, please call:

BILL REDDEN

(Name of Person)

at

904 716 9481

(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)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2005 DEC 29 PM 2:55  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

REDDEN ENTERPRISES, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

4431 Worth Drive West  
JACKSONVILLE, FL 32207

#### Mailing Address:

4431 Worth Drive West  
JACKSONVILLE, Florida 32207

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

(Bill Redden) William Walter Redden  
Name

4431 Worth Drive West

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

JACKSONVILLE <sup>FL</sup> Florida 32207

City, State, and Zip

2005 DEC 29 PM 2:55  
SECRETARY OF STATE  
DIVISION OF CORPORATION

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 W. Redden

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE  
12/26/05

**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

"MGR"

**Name and Address:**

William Walter Redden  
4431 Worth Drive West  
Jacksonville, FL 32207

AMBER V. REDDEN  
4431 WORTH DRIVE WEST  
JACKSONVILLE, FL 32207

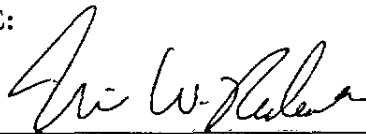
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2005 DEC 29 PM 2:55

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12-26-2005 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

William Walter Redden

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)