

LO600000/4968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

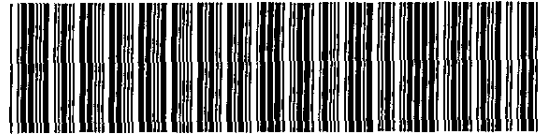
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M. HODGES

FILED
06 FEB 10 PM 1:34
06 FEB 10 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION

Gary P. Ferry

Requester's Name

PO Box 232

Address

Bonifay FL 32925

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Solidwood, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

Articles of Organization

For

Florida Limited Liability Company

1. **Article I** -The name of the Limited Liability Company is:
Solidwood, LLC.
2. **Article II** – Addresses: The mailing address and Street address of the principal office of the Limited Liability Company is: R. B. Carter Parkway, Lot 6
Bonifay, FL 32425

Principal Office Address:

R. B. Carter Parkway, Lot 6.
Bonifay, FL 32425

Mailing Address:

P.O. Box 232
Bonifay, FL 32425

3. **Article III** - The initial Registered Agent, Registered Office street address is:
Gary Ferry
R. B. Carter Parkway, Lot 6.
Bonifay, FL 32425

I **Gary Ferry** 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 the Initial 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 in Chapter 608, Florida Statutes.

Signed: _____

Gary Ferry

4. **Article IV** –Managing Members: The name and address of each Managing Member is as follows:

MGMR

Gary ferry
P.O. Box 232
Bonifay, FL 32425

Requires Signature: _____

Gary Ferry

(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.)

06 FEB 10 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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