

LD6000079293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

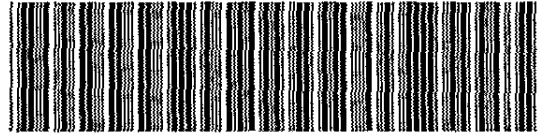
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200078491832

08/10/06--01027--011 **155.00

FILED
06 AUG 10 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Brien AUG 11 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOSEPH G. CURRY LLC
(Name of Resulting Florida Limited Company)

The enclosed , Articles of Organization, and fees are submitted
a "Florida Limited Liability Company" in
accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

JOSEPH G. CURRY
(Contact Person)

JOSEPH G. CURRY
(Firm/Company)

POST OFFICE BOX 275
(Address)

GREENWOOD, FLORIDA 32443
(City, State and Zip Code)

For further information concerning this matter, please call:

JOSEPH G. CURRY at (850) 569-5051
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization) | <input checked="" type="checkbox"/> \$155.00 Filing Fees
and Certificate of
Status | <input checked="" type="checkbox"/> \$180.00 Filing Fees
and Certified Copy | <input type="checkbox"/> \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status |
|---|--|--|--|

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOSEPH G. CURRY 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:

5444 ENDEN ROAD
BASCOM, FLORIDA 32443

Mailing Address:

POST OFFICE BOX 275
GREENWOOD, FLORIDA 32443

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:

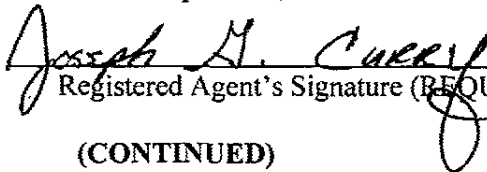
JOSEPH G. CURRY
Name
5444 ENDEN ROAD
Florida street address (P.O. Box **NOT** acceptable)
BASCOM FL 32443
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 AUG 10 AM 10:53

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 (REQUIRED)

(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:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(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:

Joseph G. Curry
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.)

Joseph G. Curry
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
06 AUG 10 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA