

LD7000005900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

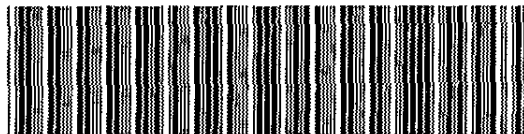
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*RLK*

Office Use Only



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07 JAN 17 AM 11:19  
TALLAHASSEE, FLORIDA

FILED  
07 JAN 17 PM 1:14  
TALLAHASSEE, FLORIDA

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

**FILED**  
07 JAN 17 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1- LONGHORN HOLDINGS, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

#### NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

#### AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

#### OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

#### REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION OF  
LONGHORN HOLDINGS, LLC**

**ARTICLE I - Name**

The name of the Limited Liability Company is **LONGHORN HOLDINGS, LLC.**

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Limited Liability Company is 992 Tamiami Trail, Suite A, Port Charlotte, Florida 33953.

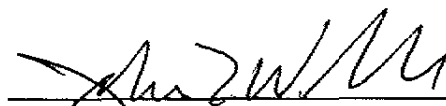
**ARTICLE III - Registered Agent and Registered Office**

The name and street address of the registered agent of the Company is **John L. Wideikis**, 18401 Murdock Circle, Port Charlotte, Florida 33948-1088.

**ARTICLE IV - Management**

The Limited Liability Company is to be managed by the member or members and is, therefore, a member-managed company.

**IN WITNESS WHEREOF**, I have signed these Articles of Organization and acknowledged them to be my act this 10<sup>th</sup> day of January, 2007.

  
\_\_\_\_\_  
**John L. Wideikis**  
Authorized Representative of Member

STATE OF FLORIDA                     )  
  ) ss.  
COUNTY OF CHARLOTTE            )

The foregoing instrument was sworn to and acknowledged before me this 11<sup>th</sup> day of January, 2007, by JOHN L. WIDEIKIS, who is personally known to me and who did take an oath.

 **Fawn M. Candemo**  
Commission # DD279393  
Expires January 6, 2008  
Bonded Troy Fair - Insurance, Inc. 800-385-7019

  
\_\_\_\_\_  
Notary Public, State of Florida  
My Commission Expires:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ACCEPTANCE OF REGISTERED AGENT**

The undersigned, being the person named in the Articles of Organization of **LONGHORN HOLDINGS, LLC**, as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated Company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and is familiar with and accepts the obligations of the position of registered agent.

DATED this 10<sup>th</sup> day of January, 2007.

  
\_\_\_\_\_  
**JOHN L. WIDEIKIS**

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