

LO70000 58927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

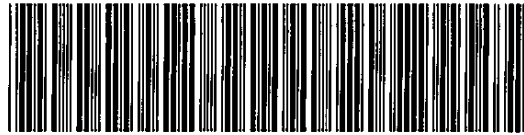
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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06/04/07--01030--010 \*\*160.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Christ

June 1, 2007

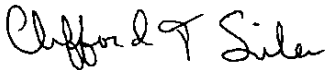
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

To Whom It May Concern:

Enclosed please find application to form a Florida Limited Liability Company along with a check in the amount of \$160.00 to cover filing fee, certified copy and certificate of status.

For any concerns or questions, I can be reached at :  
(904) 610-4881 cell  
(904) 276-4129 home

Sincerely,



Clifford T. Siler  
2452 Longwood Street  
Orange Park, Fl 32065

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TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Cliff Siler 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:

2452 Longwood St.  
ORANGE PARK, FL 32065

#### Mailing Address:

SAME

### 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:

Clifford T. Siler  
Name  
2452 Longwood Street  
Florida street address (P.O. Box **NOT** acceptable)  
Orange Park FL 32065  
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..*

Clifford T. Siler  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

MGR

Clifford T. Siler  
2452 Longwood St  
Orange Park, FL 32065

(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 \_\_\_\_\_ business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Clifford T. Siler  
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.)

Clifford T. Siler  
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)**

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FLORIDA

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