L08000022538

(Requestor's Name)
(requesions marile)
(Address)
(Addless)
(Address)
(Address)
(City/Chata / Tip/Dhana 40
(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



000118031030

02/15/08--01020--021 **160.00

2009 HAR -3 AM IO: 07
SECRETARY OF STATE
TALL AND SEFE FLORIDA

ATE DRIOP

T. CLINE

MAR - 4 2008

EXAMINER



February 18, 2008

CALVIN DARWIN SILCOX 6832 CEDAR LAKE DRIVE PENSACOLA, FL 32526

SUBJECT: SILCOX PLUMBING, LLC

Ref. Number: W08000008464

We have received your document for SILCOX PLUMBING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other fillings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L04000005809.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 608A00010215

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	Silcox Plumbing of Pensacola, LLC (Name of Limited Liability Company)	
	(Name of Limited Liability Company)	
The en	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Calvin Darwin Silcox	
	(Name of Person)	
	Silcox Plumbing of Pensacola, LLC	
	(Firm/Company)	
	6832 Cedar Lake Drive	
	(Address)	
	Pensacola, Florida 32526	
	(City/State and Zip Code)	
For fu	ther information concerning this matter, please call:	*#\$**\$# \} \}
Cal	in Donuin Cilcox 950 572 0655	Summer of state of st
<u> </u>	(Name of Person) (Name of Person) (Area Code & Daytime Telephone Number)	1
Enclos	sed is a check for the following amount:	
\$125	00 Filing Fee \$130.00 Filing Fee & □\$155.00 Filing Fee & ☑ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	ny is:			
Silcox Plumbing of Pensacola,			_	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the	he principal office of the Limited L	Liability	Comp	any is:
Principal Office Address:	Mailing Address:			
6832 Cedar Lake Drive	6832 Cedar Lake Drive			
Pensacola, Florida 32526	Pensacola, Florida 32526			
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent Registered Agent. You must designate an indi	's Signa vidual or a	iture: inother	
The name and the Florida street address of	the registered agent are:	TAL	2000	
Calvin Darwin Sil	cox	CORETARY	HAR	
1	Name	AR)	ယ်	\$
6832 Cedar Lake	Drive		R	
Florida stre	et address (P.O. Box NOT acceptable)		<u>.</u>	an on particular
Pensacola , FL 3	2526 _{FL}	OF STATE	: 07	
City, S	tate, and Zip	J73.*		

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)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manag	er	Name and Address:
"MGRM" = Man		
M gr		CALVIN DARWIN SILCOX
		6832 CEDAR LAKE DRIVE
		PENSACOLA, FLORIDA 32526
		
		
LE V: Effective	date, if other than the	date of filing: (OPT)
EV: Effective of fective date is list days after the date	date, if other than the ted, the date must be ate of filing.)	date of filing: (OPTI e specific and cannot be more than five busines
EV: Effective of fective date is list days after the date	date, if other than the ted, the date must be ate of filing.) GNATURE:	e specific and cannot be more than five busines
EV: Effective of the date is list days after the date	date, if other than the ted, the date must be ate of filing.) GNATURE: Signature of a membe	e specific and cannot be more than five busines Liver or an authorized representative of a member.
EV: Effective of the date is list days after the date	date, if other than the ted, the date must be ate of filing.) GNATURE: Signature of a membe (In accordance with second this document constitution)	er or an authorized representative of a member.
EV: Effective of the date is list days after the date	date, if other than the ted, the date must be ate of filing.) GNATURE: Signature of a membe (In accordance with sec of this document constitutat the facts stated h	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury itutes are true.)
EV: Effective of the desired and the desired after the desired aft	date, if other than the ted, the date must be ate of filing.) GNATURE: Signature of a membe (In accordance with sec of this document constitutat the facts stated he Calvin Darwin	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury itutes are true.)
LE V: Effective of fective date is list days after the date	date, if other than the ted, the date must be ate of filing.) GNATURE: Calculate of a member of this document constitutate the facts stated here. Calvin Darwin	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury ARRIVARIANTE ARRIVARIA
fective date is list days after the days aft	date, if other than the ted, the date must be ate of filing.) GNATURE: Signature of a membe (In accordance with sec of this document constitat the facts stated here) Calvin Darwin	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury ARRIVARIANTE ARRIVARIA

\$ 5.00 Certificate of Status (Optional)