

L08000044000

(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:

CURAT FL AC

Office Use Only



300126307593

04/29/08--01001--017 **78.75

05/05/08--01001--006 **46.25

RECEIVED
08 APR 28 PM 4:11
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 MAY -1 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
B. KOHR
MAY 2 2008
EXAMINER

Gler & Daugherty PA

Requester's Name

2457 Care Drive

Address

Tallahassee FL 878-2411

City/State/Zip

Phone #

Office Use Only

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

1. Rutherford, 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2008

IGLER & DOUGHERTY P.A.
2457 CARE DRIVE
TALLAHASSEE, FL 32308

SUBJECT: RUTHERFORD, LLC
Ref. Number: W08000021731

COPY

FILED
08 MAY - 1 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
08 MAY - 1 PM 4:15
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for RUTHERFORD, LLC and your check(s) totaling \$78.75. 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

ALSO, please note that we have RETAINED your \$78.75 payment.

However, the TOTAL AMOUNT required to file a limited liability company and to obtain a certified copy of your filing is \$155.00.

When you return your filing please send a check for an ADDITIONAL \$76.25.

46.25 (no cert. copy)

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 408A00026963

ARTICLES OF ORGANIZATION
OF
RUTHERFORD FAMILY, LLC

FILED
08 MAY - 1 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purposes of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. Name. The name of the Limited Liability Company is **RUTHERFORD FAMILY, LLC** (the LLC).
2. Purpose. The purpose for which the LLC is organized to engage in any and all lawful business activities under the laws of the State of Florida and of the United States of America.
3. Address of Place of Business. The street address of the principal place of business in Florida for the LLC is: 1022 NE Rutherford Road, Lee, Florida 32359 and the mailing address shall be 1022 NE Rutherford Road, Tallahassee, Florida 32359.
4. Registered Agent. The name and address of the initial registered agent in Florida for the LLC is:

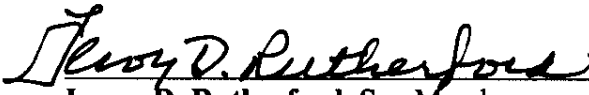
Leroy D. Rutherford, Sr.
1022 NE Rutherford Road
Lee, Florida 32359

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.


Leroy D. Rutherford, Sr., Registered Agent

Executed at Tallahassee, Florida, on this 28th day of April,
2008.


Leroy D. Rutherford, Sr., Member


STATE OF FLORIDA

COUNTY OF LEON

The foregoing instrument was acknowledged before me this 28th day of
April, 2008, by **LEROY D. RUTHERFORD, SR.**, Member, who is personally known
to me.



Michelle Sweeney
My Commission DD346387
Expires August 12 2008


Signature of Notary Public