

L09000/08302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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WILLIAM E. BRADSHAW, P.C.

ATTORNEY AT LAW
302 SHAWNEE AVENUE
P. O. Box 267

BIG STONE GAP, VA 24219

WILLIAM E. BRADSHAW
E-MAIL web@bradshawlawoffice.us

TEL. (276) 523-2428
FAX (276) 523-6675

November 4, 2009

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

RE: Halifax Mountain LLC

Gentlemen:

Enclosed please find a cover letter and Articles of Organization for Halifax Mountain LLC. Also enclosed is my check in the amount of \$130.00 for the filing fee and Certificate of Status. Once the certificate has been issued please return it to me. If you have any questions please give me a call. Best regards.

Sincerely,

WILLIAM E. BRADSHAW, P.C.



William E. Bradshaw

WEB:sgc
Enclosures
Cc: M. Bardin Thrower, Jr.

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HALIFAX MOUNTAIN LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

M. BARDIN THROWER, JR.
Name of Person
THROWER, BLANTON & ASSOCIATES
Firm/Company
P.O. Box 1266
Address
NORTON VA 24273
City/State and Zip Code
mbthrowerjr@tbaepa.net
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

M. BARDIN THROWER, JR. at (276) 679 2780
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WALIFAX MOUNTAIN LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

612 Teget Street
Norton VA 24273

Mailing Address:

P.O. Box 1260
Norton VA 24273

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:

CT CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROAD

Florida street address (P.O. Box **NOT** acceptable)

PLANTATION FL 33324

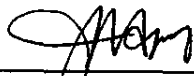
City, State, and Zip

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TALLAHASSEE, FLORIDA

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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.



Judith B. Argao
Asst. Secretary & V. President

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:

MGRM

M. BARDIN THROWER, JR.

P.O. Box 1206

NORTON VA 24273

(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:

M. Bardin Thrower Jr.

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.)

M. BARDIN THROWER, JR.

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)

SECRETARY OF STATE
ALABAMA
FLORIDA

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