

L09000112351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

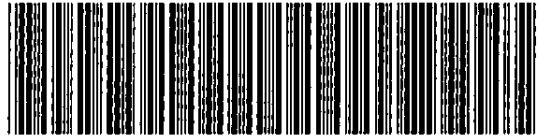
Special Instructions to Filing Officer:

A. LUNT

NOV 23 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV 20 PM 2:04

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Madie B. 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:

Joey W. Blair

Name of Person

Firm/Company

6530 Hwy. 22e

Address

Panama City, FL 32404

City/State and Zip Code

joeysblair@knology.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joey W. Blair

Name of Person

at (

850

)

871-9300

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:

Madie B. 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:

Mailing Address:

6530 Hwy. 22e
Panama City, FL 32404

6530 Hwy. 22e

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:

Kenneth E. Blair

Name

2518 E. 15th Ct.

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

Panama City, 32405 FL

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..

Kenneth E. Blair

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Joey W. Blair
219 N. Mary Ella Ave.
Panama City, FL 32404

MGRM

Lynward E. Blair
3096 County Rd. 22
Headland, AL 36305

MGRM

Kenneth E. Blair
2918 E. 15th Ct.
Panama City, FL 32405

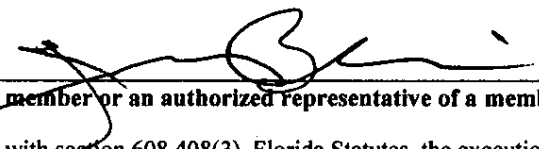
MGRM

Alice G. Marshall
1534 Gainer Ave
Panama City, FL 32405

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11-17-09 (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:


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.)

Joey W. Blair

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)

SEE Attachment 1

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Attachment #1

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

Gregory A. Blair
4426 Tropical Dr.
Panama City, FL 32404

MGRM

Gina R. Turpin
6514 Boatrace Rd
Panama City, FL 32404

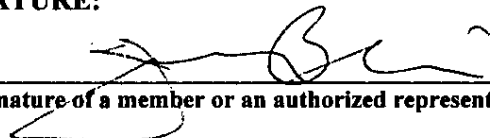
MGRM

MGRM

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11-17-09. (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.)

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Typed or printed name of signee

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of Registered Agent
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