

# LO9000122705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

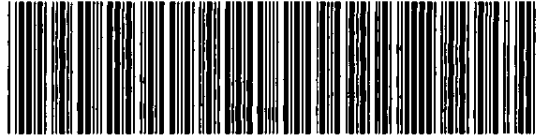
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100161464991

10/19/09--01022--010 \*\*160.00

FILED  
2009 DEC 28 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

Dec. 29, 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 20, 2009

JOE TRAMMELL / ARVELL TRAMMELL  
3659 COLEBROOKE DR.  
JACKSONVILLE, FL 32210

SUBJECT: ARVELL TRAMMELL, LLC  
Ref. Number: W09000046654

We have received your document for ARVELL TRAMMELL, 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 registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 109A00033474

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Arvell Trammell, 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:

Joe Trammell

Name of Person

Arvell Trammell

Firm/Company

3659 Colebrooke Dr.

Address

Jacksonville, FL 32210

City/State and Zip Code

joetrammell@bellsouth.net

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

For further information concerning this matter, please call:

Joe Trammell

Name of Person

at ( 904 ) 240-2120

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:

Arvell Trammell, 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:

2023 New Berlin Rd.  
Jacksonville, FL 32218

2023 New Berlin Rd.  
Jacksonville, FL 32218

### 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:

Pre-Engineered Steel, Inc.

Name

2023 New Berlin Rd.

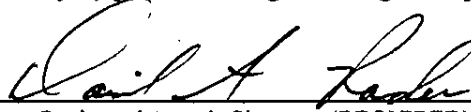
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL 32218

City, State, and Zip

FILED  
2009 DEC 28 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

FILED

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

2009 DEC 28 PM 12: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Joe Trammell

3659 Colebrooke Dr.

Jacksonville, FL 32210

MGMR

David Rader

2023 New Berlin Rd.

Jacksonville, FL 32218

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

  
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.)

Joe Trammell

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)

Article V - Effective Date

January 1, 2010