

L10000026749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

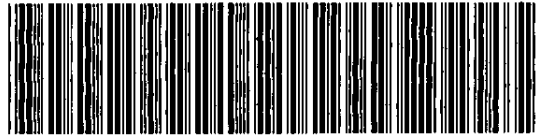
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/01/10--01056--020 \*\*60.00

03/10/10--01002--009 \*\*100.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. CLINE

MAR 10 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2010

BOBBY FIELDS  
97 RUBY LANE  
DEFUNIAK SPRINGS, FL 32433

SUBJECT: BOBBY FIELDS CUSTOM FRAMEING LLC  
Ref. Number: W10000010480

We have received your document for BOBBY FIELDS CUSTOM FRAMEING LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

If you are trying to get a LLC formed you have submitted the wrong form.,

We are enclosing the proper form(s) with instructions for your convenience.

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: 110A00005083

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BoBBY Fields Custom Framing 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:

BoBBY Fields  
Name of Person

BoBBY Fields Custom Framing LLC  
Firm/Company

97 Ruby Lane  
Address

DeFuniak Spgs. FL 32433  
City/State and Zip Code

none  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BoBBY Fields at (850) 307-4388  
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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Bobby Fields Custom Framing LLC  
(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

97 Ruby Lane  
DeFunick Spgs. FL  
32433

**Mailing Address:**

97 Ruby Lane  
DeFunick Spgs. FL  
32433

**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:

Bobby Fields  
Name

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

DeFunick Spgs. FL 32433  
City, State, and Zip

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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..*

Bobby Fields  
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

1 "MGR"

**Name and Address:**

Bobby Fields  
97 Ruby Lane  
DeFuniak Spgs. FL  
32433

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: March 15, 2010. (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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**REQUIRED SIGNATURE:**

Bobby Fields  
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.)

Bobby Fields  
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)