

L10000056/51

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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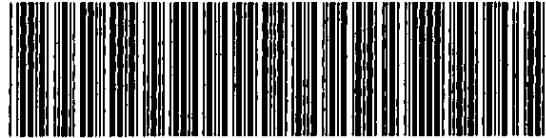
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

D. BRUCE

MAY 25 2010

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SANTAS DRILL TEAM, 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:

ROBERT ELKIN

Name of Person

SANTAS DRILL TEAM

Firm/Company

mail address P.O. BOX 272852

Address

TAMPA, FLORIDA 33688

City/State and Zip Code

SANTABOB@PALMTREESANTAS.COM

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

For further information concerning this matter, please call:

ROBERT ELKIN

Name of Person

at (813)

230-9254

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:

SANTAS DRILL TEAM, 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:

11732 NW 72ND TERRACE
ALACHUA, FLORIDA 32615

Mailing Address:

P. O. BOX 272852
TAMPA, FLORIDA 33688

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:

JAMES WILLIAMS

Name

4228 GOLF CLUB LANE

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

TAMPA FL 33618

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..


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

DENNIS POLLARD

11732 NE 72ND TERRACE

ALACHUA, FLORIDA 32615

MGRM

JAMES WILLIAMS

4228 GOLF CLUB LANE

TAMPA, FLORIDA, 33618

MGRM

ROBERT ELKIN

17604 WILLOW CREEK BLVD

TAMPA, FLORIDA 33549

MGRM

DAN GALLAGHER

11178 CASTLEMEANIN CIRCLE WEST

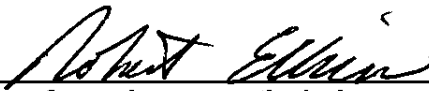
JACKSONVILLE, FLORIDA 32256

(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.)

ROBERT ELKIN

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)

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ATTACHMENT: ARTICLE IV Manager or Managing Members
SANTAS DRILL TEAM, LLC.

MGRM Dick Rehm
 7409 Celeste Lane
 Tampa, Florida 33619

MGRM Lon Busby
 18314 NW 57th Place
 Alachua, Fl 32615

MGRM Noel Rehm
 7409 Celeste Lane
 Tampa, Florida 33619

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA