

L10000 121439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

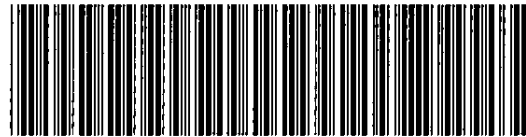
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

2010 NOV 22 AM 10:17

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C. LEWIS

NOV 23 2010

EXAMINER



Southeastern Metals Supply, LLC

Date: November 17, 2010

Southeastern Metals Supply, LLC
2360 Clark Street Unit K
Apopka, FL 32703
863-255-8189
Christian A Boyett

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Southeastern Metals Supply, 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:

Christian A Boyett

Name of Person

Southeastern Metals Supply, LLC

Firm/Company

P.O. Box 1107

Address

Cape Canaveral, FL 32920-1107

City/State and Zip Code

curdy@hotmail.com

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

For further information concerning this matter, please call:

Christian Boyett

Name of Person

at (**863**) **255-8189**

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:

Southeastern Metals Supply, 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:

Christian A Boyett
2360 Clark Street Unit K
Apopka, FL 32703

Mailing Address:

Christian A Boyett
P.O. Box 1107
Cape Canaveral, FL 32920-1107

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:

Christian A Boyett

Name

2360 Clark Street Unit K

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

Apopka

FL 32703

City, State, and Zip

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CLERK 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.

Christian A. Boyett
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:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Christian A Boyett

P.O. Box 1107

Cape Canaveral, FL 32920-1107

MGRM

Thomas Scott Stewart

208 Mill Creek Road

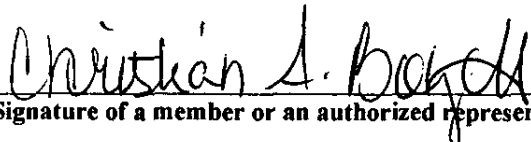
Crawfordville, FL 32327

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Christian A Boyett

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)