

L11000065057

(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:

W11000028823

Office Use Only



500207984635

500207984635
05/24/11--01027--008 **130.00

FILED
11 JUN -2 AM 10:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 03 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2011

RAY W. CROUCH
9150 NALLE GRADE RD
N. FT. MYERS, FL 33917

SUBJECT: HIGH COTTON, LLC
Ref. Number: W11000028823

FILED
11 JUN -2 AM 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HIGH COTTON, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 111A00012952

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIGH COTTON, 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:

RAY W CROUCH
Name of Person

HIGH COTTON, LLC
Firm/Company

9150 NALLE GRADE RD
Address

N. FT MYERS, FL 33917
City/State and Zip Code

COTTONRAY@EARTHLINK.NET
E-mail address: (to be used for future annual report notification)

11 JUN - 2 AM '01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

RAY CROUCH at (239) 995-7680
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 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:

HIGH COTTON, SCREENPRINTING, 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:

9150 NALLE GRADE RD
N. FT. MYERS, FL 33917

Mailing Address:

4621 BAYSHORE ROAD
N. FT. MYERS, FL 33917

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:

SHARI SHIFRIN

Name

4621 BAYSHORE ROAD

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

N. FT. MYERS, FL 33917

City, State, and Zip

FILED
11 JUN - 2 AM '01
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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)


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

"MGRM" = Managing Member

RAY W. CROUCH
9150 NALLE GRADE ROAD
N. FT. MYERS, FL 33917

MGRM

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.)

SIGNATURE: 

(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.)

RAY W CROUCH

Typed or printed name of signee

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)