

L14000034269

(Requestor's Name)

(Address)

(Address)

L14-34269

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

~~L14-9275~~

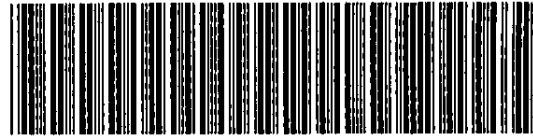
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000255270860

01/24/14--01023--018 \*\*130.00

Similar  
LO3-11579  
Fox Holding  
LLC Company

145 Jan 14 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

FEB 28 2014 ✓

N. CAUSSEUX

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fox Company Holdings 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:

Kevin Fox

Name of Person

Firm/Company

4340 Abcor Road

Address

North Port, FL 34286

City/State and Zip Code

kmfox@btopeworld.com

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

For further information concerning this matter, please call:

Kevin Fox

Name of Person

at ( 407 ) 4861

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 4, 2014

KEVIN FOX  
4340 ABCOR ROAD  
NORTH PORT, FL 34286

SUBJECT: FOX COMPANY HOLDINGS, LLC  
Ref. Number: W14000007275

We have received your document for FOX COMPANY HOLDINGS, 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 distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : FOX HOLDING COMPANY, LLC, document number L03000011579.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 114A00002521

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FOX COMPANY HOLDINGS, 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:

4340 Abcor Rd

North Port, FL 34286

4340 Abcor Rd

North Port, FL 34286

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:

Fox & Bellack Investments, LLC

L12-101603

Name

2251 Constitution Blvd

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

Sarasota,

FL 34231

City

Zip

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 605, F.S..

[Handwritten Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
14 JAN 24 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager  
MGR

**Name and Address:**

Kevin M. Fox  
4340 Abcor Rd  
North Port, FL 34286

AMBR

Laura M. Fox  
4340 Abcor Rd  
North Port, FL 34286

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

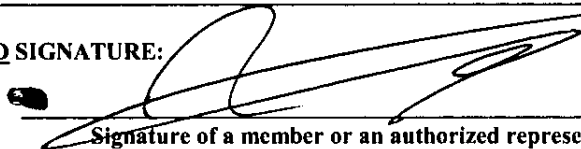
(Use attachment if necessary)

**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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

~~Richard J Bellack~~ KEVIN FOX  
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)

FILED  
14 JAN 24 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA