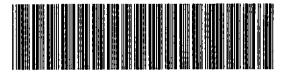
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
WH 9275
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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FEB 28 2014 V

COVER LETTER

TO: Registration Section
Division of Corporations

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 407 4861
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

www.sunbiz.org

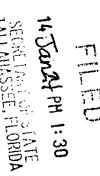
Letter Number: 114A00002521

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited	Liability Company is:			
FOX COMPANY HOLDINGS				
(M	ust end with the words "	Limited Liability Con	npany, "L.L.C.," c	or "LLC.")
ARTICLE II - Address The mailing address and		ncipal office of the Li	mited Liability Co	ompany is:
Principal Office Addre	ss:	Mailing Address:		
4340 Abcor Rd		4340 Abcor	Ad	
North Port, FL 34286		North Port, I	FL 34286	
•	a street address of the re	gistered agent are:	- 101603	
<u>-</u>	2251 Constitution Blvd Florida street address (F	O. Box NOT accept	able)	
	·	`	•	
2	Sarasota,	FL 342	2 <u>31</u> Zip	
the place designated capacity. I further agr	in this certificate, I herel ee to comply with the pro	y accept the appointnivisions of all statutes	nent as registered of relating to the propy position as regist	nted limited liability company at agent and agree to act in this per and complete performance tered agent as provided for in
	Registered Agent	's Signature (REQUII		-
		NTINUED)	,	=

Page 1 of 2

1 of 2



itle; AMBR" = Authorized Member MGR" = Manager IGR Kevin M. Fox 4340 Abcor Rd North Port, FL 34286 MBR Laura M. Fox 4340 Abcor Rd North Port, FL 34286
MGR" = Manager IGR
#340 Abcor Rd North Port, FL 34286 MBR Laura M. Fox #340 Abcor Rd
MBR Laura M. Fox 4340 Abcor Rd
MBR Laura M. Fox 4340 Abcor Rd
4340 Abcor Rd
4340 Abcor Rd
V: Effective date, if other than the date of filing:
tive date is listed, the date must be specific and cannot be more than five business days prior to o filing.) VI: Other provisions, if any.
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tive date is listed, the date must be specific and cannot be more than five business days prior to o filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.
tive date is listed, the date must be specific and cannot be more than five business days prior to offling.) VI: Other provisions, if any. EOUIRED 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 docum
tive date is listed, the date must be specific and cannot be more than five business days prior to o filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.

 $\frac{Filing\ Fees:}{\textbf{S125.00}\ Filing\ Fee} \ \text{for Articles of Organization and Designation of Registered Agent}$

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2