## 14000154145

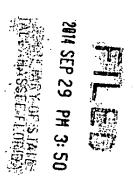
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 17, 2014

THOMAS ROBERTS PO BOX 94 SHARPES, FL 32959

SUBJECT: BIG T DISTRIBUTING, LLC

Ref. Number: W14000056964

We have received your document for BIG T DISTRIBUTING, 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 314A00019938

## **COVER LETTER**

	ation Section n of Corporations			
SUBJECT: Big	T Distributing, LLC. Name of Limi	ited Liability Company		
	ticles of Organization and fee(s) are correspondence concerning this ma	· ·		
	mas Roberts	Name of Person		
<u>Big '</u>	T Distributing, LLC.	Firm/Company		
<u>PO</u>	Box 94	Address	<del> </del>	
<u>Sha</u>	rpes, FL 32959 Cit	ty/State and Zip Code		
	s@mail2web.com E-mail address: (to be used mation concerning this matter, pleas	for future annual report notificate se call:	tion)	
Thomas Rober	ts at (32 Name of Person		ephone Number	,
	eck for the following amount:		2014 S	20
□ \$125.00 Filing F	Fee  \$\Bigsil \Sigma \text{\$130.00 Filing Fee & Certificate of Status}\$	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Of Status & Certificate Of Status & Certified Copy (additional copy is enclosed)	
	Malling Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ions er Circle	e e e e e e e e e e e e e e e e e e e

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	y Company is:	
Big T Distributing, LLC.		
(Must end v	vith the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and street ad	ldress of the principa	l office of the Limited Liability Company is:
Principal Office Address:		Mailing Address:
POBOX 04 7180 FRE	car Ps	DO D 04
	7.1 VICA 100 1	PU 80X 94
Sharpes, Ft. Co CoA	FL	PO Box 94 Sharpes, FL
ARTICLE III - Registered Age The Limited Liability Company	cannot serve as its o	Sharpes. FL 32959  re, & Registered Agent's Signature: wn Registered Agent. You must designate an individua
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	nt, Registered Offic cannot serve as its o ctive Florida registra	Sharpes. FL 32959  re, & Registered Agent's Signature: wn Registered Agent. You must designate an individuation.)
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	nt, Registered Offic cannot serve as its o ctive Florida registra address of the registe Roberts	Sharpes, FL 32959  re, & Registered Agent's Signature: wn Registered Agent. You must designate an individuation.)  red agent are:
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a The name and the Florida street a	nt, Registered Offic cannot serve as its o ctive Florida registra address of the registe Roberts	Sharpes. FL 32959  re, & Registered Agent's Signature: wn Registered Agent. You must designate an individuation.)
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ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a  Thomas	nt, Registered Offic cannot serve as its o ctive Florida registra ddress of the registe Roberts Na	Sharpes, FL 32959  ee, & Registered Agent's Signature: wn Registered Agent. You must designate an individuation.)  red agent are:

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2111 SEP 29 PM 3: 50

<u>Title:</u> "AMBR" = Authorized M	<u>Name and Address:</u> ember
'MGR" = Manager	
AMBR	Melinda Roberts
	PO Box 94
	Sharpes, FL 32959
<del> </del>	<del></del>
EV: Effective date, if other ctive date is listed, the date	er than the date of filing: (OPTIONAL)  ate must be specific and cannot be more than five business days prior to or
EV: Effective date, if other ctive date is listed, the date is listed, the date is listed.	er than the date of filing: (OPTIONAL)  the must be specific and cannot be more than five business days prior to or
EV: Effective date, if other ctive date is listed, the date is listed in the date is listed.	er than the date of filing: (OPTIONAL)  the must be specific and cannot be more than five business days prior to or  any.
E V: Effective date, if othe ctive date is listed, the date is listed.	er than the date of filing: (OPTIONAL)  the must be specific and cannot be more than five business days prior to or  any.  RE:
E V: Effective date, if othe ctive date is listed, the date is listed, the date if filing.) E VI: Other provisions, if a REQUIRED SIGNATURE Sign (In accordance v	er than the date of filing:
E V: Effective date, if othe ctive date is listed, the date is listed, the date if filing.)  E VI: Other provisions, if a Sign (In accordance veconstitutes an af	er than the date of filing:
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E V: Effective date, if other ctive date is listed, the date if filing.)  E VI: Other provisions, if a secondary constitutes an af I am aware that constitutes a thire.	er than the date of filing:
Sign (In accordance value of an aware that constitutes a thin	rethan the date of filing: