

Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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H150000089343ABC

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

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## FLORIDA LIMITED LIABILITY CO.

Oxford Industrial Marketing LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 045      |
| Estimated Charge      | \$125.00 |

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Corporate Filing Menu

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1/9/2015

## COVER LETTER

| TO:              | Registration<br>Division of C | Section<br>Corporations                    |  |                   |   |
|------------------|-------------------------------|--|--|-------------------|---|
| รบเม             | ECT: Oxford                   | Industrial Marketiae LLC<br>Name of Lin    | nited Liability Cor                                | прапу             | <del></del>   |
| The en           | closed Articles               | of Organization and fee(s) a               | re submitted for fil                               | ling,             |   |
| Please           | return all corre              | spondence concerning this m                | atter to the followi                               | ing:              |   |
|                  | <u> </u>                      |  | Name of Person                                     | n                 | <del> </del>  |
|                  |                               |  | Firm/Company                                       | ,                 |   |
|                  | ····                          |  | Address  |                   |   |
|                  |                               | C  | City/State and Zip (                               | Code              | <del></del>   |
| For fu           | rther informatio              | E-mail address: (to be use                 |  | l report notifica | ition)  |
|                  | Nan                           | at (at (at (at (at (at (at (at (at (at (   | Aren Code  | Daytime Te        | lephone Number  |
| Enclos           | sed is a check fo             | r the following amount:                    |  |                   |   |
| <b>□</b> \$125.6 | 00 Filing Fcc                 | S130.00 Filing Fee & Certificate of Status | S155.00 Filis<br>Centified Cop<br>(additional copy | py                | S160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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
Tellahassee, FL 32301

1850-617-6381

1/12/2015 11:24:40 AM PAGE 1/001 Fax Server



January 12, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: OXFORD INDUSTRIAL MARKETING LLC

REF: W15000002033

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 9, 2015. Please amend your document accordingly.

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.

Teresa Brown Regulatory Specialist II FAX Aud. #: H15000006934 Letter Number: 115A00000569

RECEIVED

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P.O BOX 6327 - Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:<br>The name of the Limited Liability Company is:   | TO LEGICAL TO THE PARTY OF THE |
|--|---|
| Outside Indicated Manhadae ( ) O   |   |
| Oxford Industrial Marketing LLC  (Must end with the words "Limited I   | Liability Company, "L.L.C.," or "LLC.")   |
| (  |   |
| ARTICLE II - Address:  |   |
| The mailing address and street address of the principal of   | آنو of the Limited Liability Company Is: 💎 🧽 🔨  |
| Principal Office Address:  | Malling Address:  |
| 95042 SEAWALK CT   | 95042 SEAWALK CT  |
| FERNANDINA BEACH, FL. 32034  | FERNANDINA BEACH, FL. 32034   |
|  |   |
| (The Limited Liability Company cannot serve as its own is another business entity with an active Florida registration.)  The name and the Florida street address of the registered in the Peter Andrews. | ngeniaro.   |
| Name   |   |
| 95042 SEAW   | ALK CT  |
| l'Iorida street address (P.O. Box  |   |
| •  | , ,   |
| Fernandina Beach   | FL32034   |
| City   | Zip   |
| the place designated in this certificate, I hereby accept<br>capacity. I fluther agree to comply with the provisions of<br>of my duties, and I am familiar without accept the obli-                      | wice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance is ations of my position as registered agent as provided for in er 605, F.S  |
| (CONTINUE  | ED)   |

Page 1 of 2

| MBR  Peter Anderson  95042 SEAWALK CT  FERNANDINA BEACH, FL. 32034  See attachment if necessary)  V: Effective date, if other than the date of filling   | 95042 SEAWALK CT FERNANDINA BEACH, FL. 32034  Use attachment if necessary)  V: Effective date, if other than the date of filling |   | Name and Address:                                  |
|--|--|---|--|
| Se attachment if necessary)  V: Effective date, if other than the date of filling  | Use attachment if necessary)  I. V: Effective date, if other than the date of filling  | MBR   | Peter Anderton                                     |
| ise attachment if necessary)  V: Effective date, if other than the date of filling   | Use attachment if necessary)  i. V: Effective date, if other than the date of filling  |   |  |
| V: Effective date, if other than the date of filling   | V: Effective date, if other than the date of filling   |   | FERNANDINA BEACH, FL. 32034                        |
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|  | × flerico.   | $\rho$  |  |
| EQUIRED SIGNATURE  | Signature of a member or an authorized representative of a member.   | EQUIRED SIGNATURE   | -1/1   |
| \(\frac{1}{2}\)  | Signature of a member or an authorized representative of a member.   | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |  |
|  |  | Signaliure of a member  |  |
|  |  |   |  |
| (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document   | I am aware that any false information submitted in a document to the Department of State   | (In accordance with section 605,020   |  |
| (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this documer constitutes an affirmation under the penalties of perjury that the facts stated herein are true.   | constitutes a third degree felony as provided for in s.817.155, F.S.)  | (In accordance with section 605,020 constitutes an affirmation under the page 2015)   | a showing in a document to the Debattment of State |
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