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COVER LETTER

TO:

Registration Section

Division of Corporations
Southern Draw Fabrication LLC SUBJECT:
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:
Chenoa A. Frazer
Name of Person
Southern Draw Fabrication LLC
Firm/Company
23197 Hassie Johns Road
Address
Sanderson, Florida 32087
City/State and Zip Code chenoa0125@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chenoa A. Frazer 904 781-9500
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing Address Street Address

New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•		•	FILED
The name of the Limited Liabi	lity Company is:		15 JUL	. 16 Añio: 4:
Southern Draw Fal	orication LLC		SECNE	AKI OF STATE
(Must en	d with the words "Limited	d Liability Company,	"L.L.C.," or "LUC!") All	ASSEE, FLORID
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Limited	Liability Company is:	
Princ	ipal Office Address:		Mailing Address	:
23197 Hassie John			7 Hassie Johns Road	
Sanderson, Florida	32087	Sand	erson, Florida 32087	
	Martin L. Higdon	Name		
	23197 Hassie Johns	Koad ss (P.O. Box NOT ac	oentable)	
		ss (F.O. Box HOT ac	ceptable)	
	Sanderson	Florida	32087	
	City	State	Zip	
laving been named as registered lace designated in this certifical arther agree to comply with the am familiar with and accept the d	te, I hereby accept the app provisions of all statutes robbligations of my position	ointment as registere elating to the proper	d agent and agree to act in t and complete performance o s provided for in Chapter 60	his capacity. I If my duties, and I
		(CONTINUED)		

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Manager	Chenoa A. Frazer
······································	23197 Hassie Johns Road
	Sanderson, Florida 32087
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(Use attachment if necessary)	
	cific and cannot be more than five business days prior to or 9
of filing.)	neet the applicable statutory filing requirements, this date will no
of filing.) The date inserted in this block does not ment's effective date on the Department of the VI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will no
of filing.) The date inserted in this block does not ment's effective date on the Department of the VI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not of State's records.
of filing.) The date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any. REOUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will not of State's records.
of filing.) The date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will not of State's records.
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of filing.) The date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a ment of this document is executed I am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
of filing.) It the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menus document is executed a manual of the company of the compan	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.