

L21000102696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

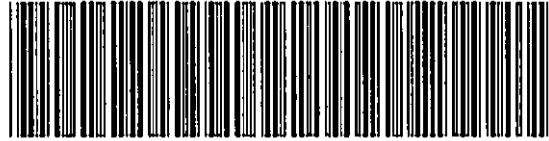
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/27/21--01019--008 ++125.00

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2021 JAN 27 PM 1:43

CHANDLER | LANG

Chandler, Lang, Haswell & Cole P.A.

726 N.E. FIRST STREET
GAINESVILLE, FL 32601-5307

JOHN H. HASWELL

C. WHARTON COLE
Of Counsel

January 25, 2021

TELEPHONE 352/376-5226
FAX 352/372-8858
POST OFFICE BOX 5877
GAINESVILLE, FLORIDA 32627

JAMES F. LANG
1939-2012
WILLIAM H. CHANDLER
1920-1992

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

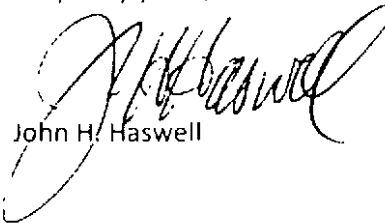
Re: 603, LLC

Dear Sir or Madam:

With reference to the above-named limited liability company, enclosed herewith are the following: Cover Letter, Articles of Organization, and our firm's check in the amount of \$125.00 for the filing fee.

Please let us know if you need any further information.

Very truly yours,



John H. Haswell

JHH/bh
Enclosures

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

5-1-01
2021 JAN 27 PM 1:43

SUBJECT: 603, 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:

John H. Haswell

Name of Person

Chandler, Lang, Haswell & Cole, P.A.

Firm/Company

P.O. Box 5877

Address

Gainesville, FL 32627-5877

City/State and Zip Code

boypro@bellsouth.net

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

For further information concerning this matter, please call:

John H. Haswell 352 376-5226

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

603, LLC

(Must contain 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:

5402 NW 97th Street

Gainesville, Florida 32653

Mailing Address:

5402 NW 97th Street

Gainesville, Florida 32653

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:

John H. Haswell

Name

726 NE 1st Street

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

Gainesville

Florida

32601

City

State

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

BOYPRO, LLC

5402 NW 97th Street

Gainesville, Florida 32653

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

This company shall be a member managed company in accordance with an Operating Agreement between William H. Boykin, Jr. and Betty C. Boykin dated December 21, 2007, effective as of January 1, 2008

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

John H. Haswell

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)