

L 96000001140

TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

96 OCT 25 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

800001986288--9
-10/25/96--01076--002
****285.00 ****285.00

SUBJECT: Custom One L.C.
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy of the articles of organization and a check for :

☒ \$285.00
Filing Fee
& Registered
Agent designation

☐ \$293.75
Filing Fee,
Registered Agent
Designation &
Certificate

☐ \$337.50
Filing Fee,
Registered Agent
Designation &
Certified Copy

☐ \$346.25
Filing Fee,
Registered Agent
Designation,
Certified Copy &
Certificate

FROM: Gary G. Halverson
Name (Printed or typed)

5043 Cross Pointe Drive
Address

Oldsmar, FL 34677
City, State & Zip

(813) 789-5992
Daytime Telephone number

PH
10/29/96

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

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ARTICLE I - Name:

The name of the Limited Liability Company is: Custom One D.C. SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company
is:

5043 Cross Pointe Drive
Oldsmar, FL 34677

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: Perpetual

ARTICLE IV - Management:
(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s)
and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and
address(es) of the managing member(s) is/ are:

Gary G. Halverson
5043 Cross Pointe Drive
Oldsmar, FL 34677

Diane N. Egan
5043 Cross Pointe Drive
Oldsmar, FL 34677

James W. Costlow
4972 Cross Pointe Drive
Oldsmar, FL 34677

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____

Custom One L.C.

deposes and says:

1) the above named limited liability company has at least two members

2) the total amount of cash contributed by the member(s) is

\$ 5,000.00

3) if any, the agreed value of property other than cash contributed by member(s) is
A description of the property is attached and made a part hereto.

\$ 0

4) the amount of cash or property anticipated to be contributed by member(s) is

\$ 0

5) the total amount of 2, 3, and 4 is

\$ 5,000.00

Larry L. Halverson

10/22/96

Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the
execution of this affidavit constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT
IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF
FLORIDA.

1. The name of the limited liability company is:

Custom One L.C.

2. The name and address of the registered agent and office is:

Gary G. Halverson

(Name)

5043 Cross Pointe Drive

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Oldsmar, FL 34677

(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.

Gary G. Halverson
(Signature)

10/22/96
(Date)

Filing Fee: \$ 35 for Designation of Registered Agent