

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LTD 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:

Antoinette McDaniel

(Name of Person)

(Firm/Company)

P.O. Box 1384

(Address)

Clewiston, FL 33440

(City/State and Zip Code)

For further information concerning this matter, please call:

Antoinette McDaniel at (863) 202-5474

(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL -7 PM 1:02

AND
FILED



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 25, 2004

ANTOINETTE MCDANIEL
PO BOX 1384
CLEWISTON, FL 33440

SUBJECT: LTD LLC
Ref. Number: W04000020220

We have received your document for LTD LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 804A00036594

04 JUN - 7 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

LTD LLC

ARTICLE II - Address:

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

Principal Office Address:

26555 CR 833

Clewiston, FL 33440

Mailing Address:

P.O. Box 1384

Clewiston, FL 33440

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Antoinette McDaniel

Name

26555 CR 833

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

Clewiston, FL 33440

FLORIDA

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE FL 09101

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 608, Florida Statutes..

Antoinette McDaniel

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Luan B. Walker

P.O. Box 445

Clewiston, FL 33440

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Antoinette McDaniel

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Antoinette McDaniel

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN - 7 PM 1:02

FILED

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)