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(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO:	Registration S Division of Co				
SUBJI	rcz. Fiddle	r's Turkey Run, LL	.C .		e e e e e e e e e e e e e e e e e e e
SUBJ	ECI:	(Name of Limit			any)
					• • • •
The en	nclosed Articles o	of Organization and fee(s) are	subm	itted for filing	g.
Please	return all corres	condence concerning this mat	ter to	the following	; :
	Sabra O'C	Duinn			
			(Nam	e of Person)	
	ا مامانداند. ""	Trailer and Carrian		. laa	
	Fladiers	Trailer and Equipm		I, INC. /Company)	
			(rum	/ сотрану <i>ј</i>	
	5019 W. S	SR 40			
			(/	Address)	
	Ocala, FL	34482			
		(Cit	y/Stat	e and Zip Code	(2)
For fu	rther information	concerning this matter, please	e call		
roi iu	itilei iiioimation	concerning this matter, please	e can.		
Sab	Sabra O'Quinn				622-8919
	(Name of Person)			(Area Cod	le & Daytime Telephone Number)
Enclo	sed is a check f	or the following amount:			
_		\$130.00 Filing Fee & Certificate of Status	(155.00 Filir Certified Co additional cop	py Certificate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registrat Division Clifton E 2661 Exc	ourier Address ion Section of Corporations Building ecutive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liebility Company is:	
The name of the Limited Liability Company is:	
Fiddler's Turkey Run, LLC (Must end with the words "Limited Liabili	ty Company, "L.L.C." or "LLC.")
(y company, Edited, or also, y
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5019 W. SR 40	5019 W. SR 40
Ocala, FL 34482	Ocala, FL 34482
business entity with an active Florida registration.) The name and the Florida street address of the refined in the Fiddler's Trailer and Name	生皿のサ
5019 W. SR 40	
	ress (P.O. Box NOT acceptable)
Ocala, FL 34482	FL >
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	cocept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u>	Name and Address:			
"MGR" = Manager "MGRM" = Managing Member				
MORIVI — Managing Member				
MGR	J. Scott Fleming			
	5019 W. SR 40			
,	Ocala, FL 34482			
MGRM	Sabra O'Quinn			
	5019 W. SR 40			
	Ocala, FL 34482			
	·			
(Use attachment if necessary)				
ADDIOVERY DOCUMENTS OF A STATE OF	1. agu 07/21/2007	ODELO)		
ARTICLE V: Effective date, if other than the countries (If an effective date is listed, the date must be	date of filing: 07/31/2007 (6	OPTION	IAL)	wlaw
(if an effective date is listed, the date must be to or 90 days after the date of filing.)	specific and cannot be more than five bu	Siness (i	aya pi ≥	LIOL
to or 50 days after the date of fining.)		E C	AUG	П
		ASS ASS	-2	=
REQUIRED SIGNATURE:		E C		Ш
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			59	
Signature of a member	r or an authorized representative of a member.			
(In accordance with sec	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury	,		
that the facts stated he	erein are true.)			
Sologe				
	ped 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)