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| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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2009 JUN 26 AM II: 33

SECRETARY OF STATE
TALLARIASSEE: FLORID.

M. THOMAS

JUN 2 9 2009

EXAMINED

## **COVER LETTER**

| TO: Registration Division of | n Section<br>Corporations                   |   |                     |             |     |
|------------------------------|---|---|---------------------|-------------|-----|
| SUBJECT:                     | AEG   | EAN SUN ART, LLO  | C                   |             |     |
| <del></del>                  | Name of Limi                                | ited Liability Company  |                     | <del></del> |     |
| The enclosed Articles        | s of Organization and fee(s) are            | submitted for filing.   |                     |             |     |
| Please return all corre      | espondence concerning this ma               | tter to the following:  |                     |             |     |
|                              | AYS   | SEL ALLDREDGE   |                     |             |     |
|                              |   | Name of Person  |                     |             |     |
|                              | AEGE  | EAN SUN ART, LLC  |                     |             |     |
|                              |   | Firm/Company  |                     |             |     |
|                              | 316 CH                                      | ERRY STREET #38   |                     | 至 麗         |     |
|                              |   | Address   | ,                   | Eg &        |     |
|                              | PANA  | MA CITY, FL 32401   | . ·                 | 100 N       | 7   |
|                              | C   | ity/State and Zip Code  |                     | 82          | T   |
|                              | aaasunli                                    | ghtvision@hotmail.cor   | n                   |             |     |
|                              | E-mail address: (to be used                 | for future annual report notifica                               | tion)               | 65          |     |
| For further information      | on concerning this matter, pleas            | se call:  |                     |             | . 1 |
|                              | L ALLDREDGE                                 | at (850)  | 276-7166            |             |     |
| Nan                          | ne of Person                                | Area Code & Daytin  | ne Telephone Number |             |     |
| Enclosed is a check          | for the following amount:                   |   |                     |             |     |
| \$125.00 Filing Fee          | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclos | Certificate of      | of Status & |     |
|                              | Mailing Address Registration Section        | Street/Courier Ad<br>Registration Section                       |                     |             |     |

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

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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  | •  |  |  |  |
|--|--|--|--|--|
| The name of the Limited Liability Company is:  |  |  |  |  |
|  |  |  |  |  |
| AEGEAN SUN /   | ART, LLC   |  |  |  |
| (Must end with the words "Limited Liabili  |  |  |  |  |
| ARTICLE II - Address:  |  |  |  |  |
|  | incipal office of the Limited Liability Company is:    |  |  |  |
|  | morphi cindo or me ziminou zimemiy company izi         |  |  |  |
| Principal Office Address:  | Mailing Address:                                       |  |  |  |
| 316 CHERRY STREET #38  | 316 CHERRY STREET #38                                  |  |  |  |
| PANAMA CITY, FL 32401  | PANAMA CITY, FL 32401                                  |  |  |  |
| TATE OF THE SECTION O | CANAMA CULT, LE VERUI                                  |  |  |  |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)   |  |  |  |  |
| The name and the Florida street address of the registered agent are:   |  |  |  |  |
| WILLIAM B. ALLDREDGE   |  |  |  |  |
| Name   | 78 =   |  |  |  |
| 316 CHERRY S   | TREET #38  |  |  |  |
| Florida street address (P.O.   | Box NOT acceptable)                                    |  |  |  |
| PANAMA CITY, 32401   | FI.  |  |  |  |
| City, State, and Zip   |  |  |  |  |
| Having been named as registered agent and to a   | accept service of process for the above stated limited |  |  |  |

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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

### Page 1 of 2

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

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member  | Name and Address:   |
|---|---|
| MGR   | Aysel tildredpe  3 th Cherry sty 38   |
| MGRM  | WILLIAM ALLOREDAR  316 Cherry St. #38  PANAMA CITY, FL 32401                                |
|   |   |
|   | ES E  |
| (Use attachment if necessary)   |   |
| ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spet to or 90 days after the date of filing.) | of filing: (OPTIONAL) ecific and cannot be more than five business days place.              |
| REQUIRED SIGNATURE:   | Alldafe an authorized representative of a member.   |
| (In accordance with section   | 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury |

AYSEL ALLDREDGE

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)