

TRANSMITTAL LETTER

L000000/1402

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

300003396943--4
-09/18/00--01124--022
****125.00 ****125.00

SUBJECT:

A P GROUP, LLC
(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 :

☒ \$125.00 Filing Fee
and Designation
of Registered
Agent

☐ Filing Fee
& Certificate of Status

☐ Filing Fee
& Certified Copy

☐ \$82.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Deborah W. Bunnell
Name (Printed or typed)

1543 Ox Bottom Rd.
Address

Tallahassee, FL 32312
City, State & Zip

850-893-1823
Daytime Telephone number

FILED
90 SEP 8 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L00-11402
OK

Please send copy to address above↑

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

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I--NAME:

The name of the Limited Liability Company is: A P GROUP, LLC

ARTICLE II--ADDRESS:

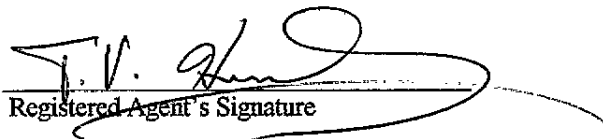
The mailing address and street address of the principal office of the Limited Liability Company is: 5969 Ox Bottom Manor Drive, Tallahassee, FL 32312

ARTICLE III--REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

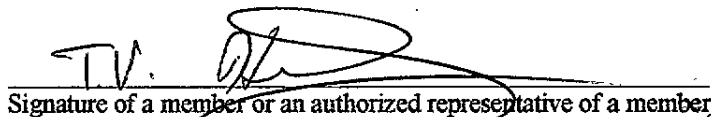
T. V. Hensley
5969 Ox Bottom Manor Drive
Tallahassee, FL 32312

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

ARTICLE IV--MANAGEMENT (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.


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.

T. V. Hensley
Typed or printed name of signee

FILED
00 JUL 18 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA