## JK Harris & Company

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IRS & STATE TAX PROBLEM RESOLUTION VETERAN IRS AGENTS & TAX PROFESSIONALS 100+ Offices in NC, SC, TN, GA, FL, MS, AL, VA 843-745-7443 888-610-8293 Fax 843-308-0521 Fax 888-576-2052 E-mail JKHTAX@AOL.COM

Honorable Sandy B. Mortham Secretary of State Capitol, Plaza Level, Rm. 2 Tallahassee, FL 32399

RE:Paul J. Fetzner, LLC

200003672192--4 -02/09/01--01038--003 \*\*\*\*125.00 \*\*\*\*125.00

Dear Honorable Sandy Mortham:

Enclosed for filing please find an original and one (1) copy of the Articles of Organization, Affidavit of Membership and Contributions, and Certificate of Designation of Registered Agent/Registration Office in reference to the above-captioned matter. Please file and return the stamped copy back to me in the envelope provided. Also enclosed is a check in the amount of \$125.00 to cover the filing fees of the Articles.

Sincerely,

JK Harris and Company

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - NAME:

The name of the Limited Liability Company is: Paul J. Fetzner, LLC

#### ARTICLE II - ADDRESS:

The mailing address and street of the principal office of the Limited Liability Company is: 434 SE Walter Terrace

Port St. Lucie, FL 34983

#### ARTICLE III- DURATION:

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

Present until April 4, 2099.

### ARTICLE IV-MANAGEMENT:

(Check and complete the appropriate statement)

,	ARTICLE VI – Members Right to Continue Business:	M 12: 50	
	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:  Paul Fetzner  434 SE Walter Terrace  Port St. Lucie, FL 34983	01 FEB -9 F	
	The limited liability company is to be managed by the 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 right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminated the continued membership of a member in the limited liability company shall be:

Signature: Date: 1/15/01

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507 FLORIDA STATUES, 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:
  Paul J. Fetzner, LLC
- 2. The name and address of the registered agent and office is:

Paul Fetzner Name

434 SE Walter Terrace
P.O. Box or Mail Drop NOT Acceptable

Port St. Lucie, FL 34983 City/State/Zip OI FEB -9 PM IZ: 50

Having been named as registered agent and to accept service or 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.

Signature

Date [/(5/01