City/State/Zip Phone

	Office Use	Only
CORPORATION NAME(S) & DOCUMI	ENT NUMBER(S), (if known):	
1. SPINNAKER PETT	LOLEUM LLC	
(Corporation Name)	(Document #)	TALLAN T
(Corporation Name)	(Document #)	MAY -2 PM
(Corporation Name)	(Document #)	3: 08
(Corporation Name)	(Document #)	
□ Walk in □ Pick up time □ Mail out □ Will wait		tified Copy tificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Office Change of Registered Agen Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFIC	CATION
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	
) -		

CR2E031(7/97)

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE ENGLISH TOWNS ANY
ARTICLE I - Name: The name of the Limited Liability Company is: SPINNAKER PETROLEUM LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 77 NORTH MILITARY TRAIL PALM BEACH GARDENS, FL 33410 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name of the second
The name and the Florida street address of the registered agent are: William R. Wheeler 14955 Horseshoe TRACE Florida street address (P.O. Box NOT acceptable) Welling Tor FL 33414 City, State, and Zip
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.
(An additional article must be added if an effective date is requested) 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.) Typed or printed name of signee

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (Optional)