

L020000009639

1073 MAIN STREET
P. O. BOX 369
CROSS CITY, FLORIDA 32628

MARIE H. SANCHEZ - Day
OWNER

TELEPHONE 498-2604
AREA CODE (352)

April 16, 2002

State Of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

000005293070--8
-04/18/02--01055--018
*****100.00 *****100.00

RE: HERRING EQUIPMENT AND REPAIR, L.L.C.

Gentlemen:

000005293070--8
-04/18/02--01055--019
*****25.00 *****25.00

Enclosed please find the ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY for above named applicant.

Also, enclosed please find the following payments: 000005293070--8
-04/18/02--01055--020
Check #1120 for \$100.00 for FILING FEE *****5.00 *****5.00
Check #1121 for \$ 25.00 for DESIG. OF REGISTERED AGENT
Check #1117 for \$ 5.00 for CERT. OF STATUS

Thank you for your prompt response to this request.

Sincerely,

Marie H. Sanchez-Day
Marie H. Sanchez-Day

MHSD/tvj

Enclosures: 3 Checks
Articles

02 APR 18 PM 12:51
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L02-9639
OK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: HERRING EQUIPMENT^{and}REPAIR, L.L.C.

ARTICLE II: - Address: HC 3, Box 514, Randall Keen Road, Old Town, FL 32680
The mailing address and street address of the principal office of the Limited Liability Company is: P.O. Box 1119, Old Town, FL 32680

ARTICLE III: - Registered Agent, Registered Office, & Required Agent's signature:

Tod D. Herring

Name

HC 3, Box 514, Randall Keen Road

Florida street address (P.O. BOX not acceptable)

Old Town, Florida 32680

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.

Name: Tod D. Herring

Tod D. Herring
Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable)

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

Tod D. Herring
Registered Agent's Signature

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)

Tod D. Herring

Typed or printed name of signee

FILING FEES:

- ✓ \$100 Filing Fee for Articles of Organization
- ✓ \$ 25 Designation of Registered Agent
- ✓ \$ 30 Certified Copy (OPTIONAL)
- ✓ \$ 5 Certificate of Status (OPTIONAL)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR 18 PM 12:51

FILED