# L02.0000 34-895

(Re	questor's Name)			
(Ad	dress)			
(Ac	dress)			
(Cit	y/State/Zip/Phone	#)		
_		,		
PICK-UP	MAIT	MAIL		
(Bu	sin <b>ess</b> Entity Nam	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
		ļ		
	V	In I		
		1/2/1		
	Office Use Only	· MIST		
	_	$\omega_{I^{\!$		



300009637093

12/24/02--01038--004 \*\*125.00

SLUGLIAR ( b. bonta TALLAHASSEE, FLORIDA

# **GREGORY A. PLETSCH & ASSOCIATES**

A PROFESSIONAL LAW CORPORATION 111 FOUNDERS DRIVE SUITE 500 BATON ROUGE, LOUISIANA 70810

GREGORY A. PLETSCH L.L.M. (TAXATION) Telephone (225) 756-4820 Telecopier (225) 756-4827

02 DEC 24 PH 12: 29

December 18, 2002

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Please find enclosed herewith Articles of Organization for Big River Home Company, LLC.

Please file this document into the records of the Secretary of State and provide me with verification of the filing thereof. My payment in the amount of \$125, representing the filing fee of \$100 for the Articles of Organization and \$25 for the Designation of Registered Agent, is enclosed herewith.

Thank you in advance for your attention to the matters requested herein.

Very truly yours,

Gregory A. Pletsch

GAP/agp Enclosures

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is: BIG RIVER HOME COMPANY,LLC

## **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: MAILING ADDRESS: POST OFFICE BOX 670, GULF BREEZE, FL 32562 STREET ADDRESS: 1024 FORT PICKENS ROAD, PENSACOLA BEACH, FL 32561 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

WILLIAM L. HEARD, JR.

	Name			_	
	1024 FORT PICKENS ROAD			02(	
_	Florida street address (P.O. Box NOT acceptable)			E	
	PENSACOLA BEACH,	<sub>FL</sub> 32561	ASS.	DEC 24	
_	City, State, and Zip			PH	
liability company at registered agent and statutes relating to t	as registered agent and to accept the place designated in this cert agree to act in this capacity. If the proper and complete perform as of my position as registered a	tificate, I hereby accept the a further agree to comply with ance of my duties, and I am	ippointm i the pro familiai	at <b>ed</b> l nerisa vistor with	s is of all
	William L. 12	<u> ~ )                                  </u>			
	Registered Age	nt's Signature			
(A1	n additional article must be add	ed, if an effective date is requ	uested)		
	William L. V	de-7			
	Signature of a member or an author	rized representative of a memb	oer.		
	(In accordance with section 608.40) of this document constitutes an affithat the facts stated herein are true.	rmation under the penalties of per			
	William L.	Heard, Jr.			
	Typed or printed	i name of signee	<del></del>		
	Filing Fee \$100.00 Filing Fee for Artic \$ 25.00 Designation of Reg	cles of Organization			

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