

103000008341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

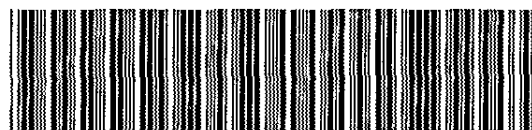
(Document Number)

Certified Copies _____ Certificates of Status 1

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3/6 FL LC
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MJH

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FILED

Tommy L. Gill
Certified Public Accountant
217-C Miracle Strip Parkway
Fort Walton Beach, FL 32548
Phone (850) 243-8877
Fax (850) 243-8877

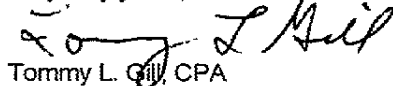
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314
850-245-6051

March 3, 2003

To Whom It May Concern:

Enclosed please find the Articles of Organization for Butte Horizons, LLC. Also included is check #1799 in the amount of \$130.00 for filing fees including: Articles of Organization, Designation of Registered Agent, and Certificate of Status. Please forward the Certificate of Status to the above address.

Very truly yours,


Tommy L. Gill, CPA

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Butte Horizons, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

421 Emerald Pointe Drive, Mary Esther, FL 32569

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Jonathan K. Phillips

Name

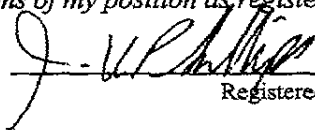
421 Emerald Pointe Drive

Florida street address (P.O. Box **NOT** acceptable)

Mary Esther, FL 32569

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

(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.)

Jonathan K. Phillips

Typed or printed name of signer

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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