

W03000011116

00789-00167-00623-00671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

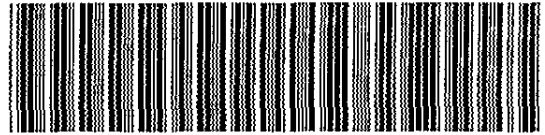
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status 1

Special Instructions to Filing Officer:

3/27 FLC  
CUS  
W03-3058

Office Use Only



700010955237

02/06/03--01063--006 \*\*105.00

03/06/03--01048--001 \*\*25.00

FILED

FILED  
03 MAR 27 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**N. Russell Shenk**  
**520 S. Mac Dill Avenue, #2130**  
**Tampa, FL 33609**

Enclosed is our fee for the Filing of Articles of Incorporation and the Optional Certificate of Status. My daytime phone number is 813-293-3917.

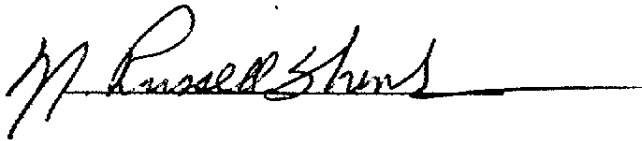
Mailing Address

Katahdin Ventures LLC  
C/o N. Russell Shenk  
P.O. Box 3007  
Tampa, FL 33601

Street Address

Katahdin Ventures LLC  
520 S. Mac Dill Avenue, #2130-Shenk  
Tampa, FL 33609

N. Russell Shenk, Register Agent

A handwritten signature in cursive script, reading "N. Russell Shenk", followed by a horizontal line.



FLORIDA DEPARTMENT OF STATE

Ken Detzner  
Secretary of State

February 7, 2003

N. RUSSELL SHENK  
P.O. BOX 3007  
TAMPA, FL 33601

SUBJECT: KATAHDIN VENTURES LLC  
Ref. Number: W03000003655

We have received your document for KATAHDIN VENTURES LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 303A00008471



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 12, 2003

N. RUSSELL SHENK  
P.O. BOX 3007  
TAMPA, FL 33601

SUBJECT: KATAHDIN VENTURES LLC  
Ref. Number: W03000003655

We have received your document for KATAHDIN VENTURES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 003A00015360

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
Katahdin Ventures LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
520 S. Mac Dill Ave., #2130, Tampa FL 33609

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

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

N. Russell Shenk

Name

520 S. Mac Dill Ave., #2130

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

Tampa, FL 33609

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.)

N. Russell Shenk

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)  
\$ 5.00 Certificate of Status (Optional)

**FILED**  
03 MAR 27 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA