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(Re	questor's Name)	
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SECREBARY S. JOHN.

TRANSMITTAL LETTER

	egistration Section ivision of Corporations								
SUBJECT	: PEAI	RL OF (Nai	THE me of Lir	ORIENT nited Liability C	LLC ompany)				
	ed Articles of Organization			_					
	KEN NETT F (Name of Pe	<i>LAU641</i> rson)	UN				TAS		
	PEARL OF 7, (Firm/Comp	#E Ok!	ENT	LLC			EUKE JART 6 - SIND LLAHASSEE. FLORIDA	03 JUL 11 1	***
	PALM COAS (City/State a	NL REEF	= <u>C</u>	<u>T</u>			FLORIDA	PM 3: 30	
For further	(City/State a			<u> 1737</u>					
	(Name of Person)	VS HZIN	at ((A:	386)92 rea Code & Daytir	90 - 9/0 ne Telephone	SO Number)	 ——		·

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 30, 2003

KENNETH F. LAUGHLIN 15 N. CORAL REEF CT PALM COAST, FL 32137

SUBJECT: PEARL OF THE ORIENT LLC

Ref. Number: W03000018554

O3 JUL 11 PM 3: 30

We have received your document for PEARL OF THE ORIENT 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):

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 403A00039222

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: PEARL OF THE ONENT LLC

15 N. CORAL REEF CT. PALM (BAST, FZ 32137

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

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

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

ARTICLE I - Name:

ARTICLE II - Address:

<u> </u>
IS NORTH CORAL REKEY, CT. SEE S.
Florida street address (P.O. Box NOT acceptable)
PALM COAST FL 52/39
City, State, and Zip
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.)

Typed or printed name of signee

\$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)

Filing Fees: