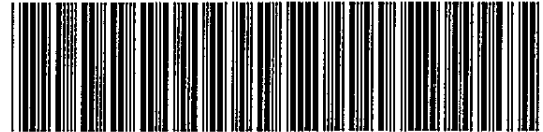


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FLORIDA STATE
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Registration Section
Division of Corporations

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

SUBJECT: Arborco LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Evelyn Phillips
(Name of Person)

Arborco LLC
(Firm/Company)

P. O. Box 171
(Address)

Baker, FL 32531-0171
(City/State and Zip Code)

For further information concerning this matter, please call:

Evelyn Phillips at (850) 689-0079
(Name of Person) (Area Code & Daytime Telephone 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILE

03 AUG -7 P

ARTICLE I - Name:

The name of the Limited Liability Company is:

Arborco LLC

STATE OF FLORIDA
TALLAHASSEE,

ARTICLE II - Address:

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

Principal Office Address:

Evelyn Phillips
3218 Auburn Rd
Crestview, FL
32539-7249

Mailing Address:

Arborco LLC
P.O. Box 171
Baker, FL 32531-0171

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

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

Evelyn Phillips
Name

3218 Auburn Rd
Florida street address (P.O. Box NOT acceptable)

Crestview FL 32539-7249
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..

Evelyn Phillips
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

FILED

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

03 AUG -7 PM 3: 16

OFFICE OF THE CLERK OF THE
COURT, JAIL, OF STATE
TALLAHASSEE, FLORIDA

MGR

Evelyn Phillips
P.O. Box 171
Baker, FL 32531-0171

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Evelyn Phillips
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.)

Evelyn 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)