## L03000032030

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>≠</i> #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

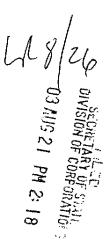
Office Use Only





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## TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: Threefold Cord, LLC	·	
(Name of Lin	nited Liability Company)	
The enclosed Articles of Organization and for Please return all correspondence concerning		
Evan Edwards Managing Member		
(Name of Person)		
Threefold Cord, LLC		03 A
(Firm/Company)		03 AUG 21 PH 2: 18
701 North Palafox St		PH
(Address)	<del></del>	2:18
Pensacola, Florida 32501		<u></u>
(City/State and Zip Code)	**************************************	
For further information concerning this matt	ter, please căil:	
Evan Edwards	at ( 850 ) 433-3935	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	Name: : Limited Liability Compa	ny is:			
Threefold Cord,		- <del>'</del>			
ARTICLE II -	Address:				
The mailing add	lress and street address of	the principal office of th	e Limited Liability	Company is:	
Principal Offic	e Address:	Mailing	Address:		
701 North Palafo	ox St	701 Nort	th Palafox St		
Pensacola, Florida 32501		Pensaco	Pensacola, Florida 32501		
	- Registered Agent, Regis ne Florida street address of		_	DIVISION DE CO	
	Evan Edwards			00 PATE	
	Name				
	701 North Palafox	St		PH 2:	
	Florida street address (P.O. Box NOT acceptable)		le)		
	Pensacola	<sub>FL</sub> 32501		Ø 5	
	City,	State, and Zip			
			e .a x		

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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager	<b>-</b> 200 € 10	
"MGRM" = Managing Member		
MGMR	Evan Edwards	
	701 North Palafox St	
	Pensacola, Florida 32501	_
,-"		<u>-</u>
		. <del>-</del> *- *'
		<del>-</del>
		<u>-</u> 1
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		E 22
(Use attachment if necessary)	·-	S STATE
NOTE: An additional article must be	added if an effective date is requested.	DIVISION OF SCHOOLS OF SUITS O
		i gas
REQUIRED SIGNATURE:	^	
Signature of a member of	or an authorized representative of a member.	क हैं. U
(In accordance with section of this document constitute that the facts stated herein	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury n are true.)	
EVAN EDW.	d or printed name of signee	
<u>]</u>	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)