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DIVISION OF CURPCRATION

TRANSMITTAL LETTER

ř

Registration Section Division of Corporations

409 E. Gaines Street Tallahassee, Florida 32399

TO: Registration Section Division of Corporations
SUBJECT: Bill Coble Hawthy (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:
William C Code (Name of Person)
BIII Coble Printing (Firm/Company)
8536 Barnery Bluff Dr. (Address)
TG (1 F) 32312 (City/State and Zip Code)
For further information concerning this matter, please call:
B111 Cob 6 at (850) 570 - 4602 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Bill Cobie Pauring L.L.C. ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Co	ompany is:
Principal Office Address: Mailing Address:	
8536 Bannerman Bluff Dr 5900 5 Tall fl 32312	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu	re:
The name and the Florida street address of the registered agent are:	O3 DEC 18
S536 Bannspunci B(AFDT Florida street address (P.O. Box NOT acceptable)	RPORATION
	U 55
City, State, and Zip	0 %

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Bill Colole 8536 Bameruen Stoff M Fill 71 32362
	03 DEC
• .,	C
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	Jan 1st 2004
Signature of a member	or an authorized representative of a member.
(In accordance with sect	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury
Ulliam Tym	ed 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)