

103 0000 55981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

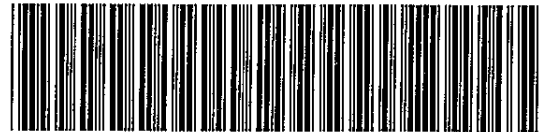
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800025501118

12/16/03--01066--011 **100.00

12/16/03--01066--012 **25.00

12/16/03--01066--013 **30.00

12/16/03--01066--014 **5.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC 16 AM 11:36

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARKERSBURG Management Co 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:

JACK White
(Name of Person)

(Firm/Company)

1775 ARLINGTON ST., Suite one
(Address)

SARASOTA, FL 43293
(City/State and Zip Code)

For further information concerning this matter, please call:

JACK White at (941) 924-1775
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC 16 AM 11:36

FILED

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**

FILED
03 DEC 16 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

PARKERSBURG Management Co. LLC

ARTICLE II - Address:

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

Principal Office Address:

1775 ARLINGTON ST.
Suite one
Sarasota, FL 43293

Mailing Address:

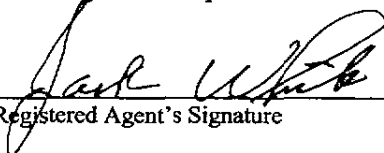
1775 ARLINGTON ST
Suite one
SARASOTA, FL 43293

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

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

JACK White
Name
1775 ARLINGTON ST., Suite one
Florida street address (P.O. Box **NOT** acceptable)
SARASOTA FLORIDA 43293
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, Florida Statutes..


Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Jack White
1775 ARlington ST
SARASOTA, FL 34237

SECRETARY OF STATE
TAMPA, FLORIDA

03 DEC 16 AM 11:36

FILED

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Jack White
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.)

JACK White
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)