## L03000057022

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
,	•	
100	y/State/Zip/Phone ;	<u> </u>
(CII	y/State/Zip/Priorie /	<del>*</del> )
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	<u></u>
(= #		•
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filina Officer	
	, mily emeen	}
		1
		}
		1
		}
		}
L		

Office Use Only

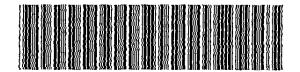
Barry Acree GAVE

AUTHORIZATION BY PHONE TO

CORRECT by adding LLC as Suffix

DATE 12/31/03 @ 9:15 am

DOC. EXIMORDOR BROWN



900025678099

12/22/03--01065--014 \*\*160.00

FILLLU
2003 DEC 22 AM 9: 12
2003 DEC 22 AM 9: 12
ANALON OF CORPORATIONS
ANASSEE, FLORIDA

J. BRYAN DEC 3 1 2003

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: AC MAINTENANCE PETROLEUM 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:
Barry ACREE (Name of Person)
AC MAINTENANCE PETROLEUM LLC (Firm/Company)  3205 TALL PINES CIR (Address)
(Address)  ST. CLoud FL 3477/ (City/State and Zip Code)
For further information concerning this matter, please call:

ACREE at (

STREET ADDRESS:

TO:

Registration Section

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

AC MAINTENANCE PETROLEUM

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
BarryACREE	Barry ACREE
3205 TALL PINES CIR	3205 Tall PINESCIA
ST, Cloud FL 34771	ST. CLOUD FL 3477

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Barry ACREE

Name

3205 Tall PINES CIR

Florida street address (P.O. Box NOT acceptable)

ST. CLoud FLORIDA 3477/

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

Page 1 of 2 (CONTINUED)

Title:  "MGR" = Manager  "MGRM" = Managing Member	naging Member(s): ager or Managing Member is as follows:  Name and Address:	9.
MABARRY ACREE	3205 Tall PINES UR 37771	
<u> </u>		•
	<del></del>	
	* <u></u>	
(Use attachment if necessary)		
NOTF+ An additional article mus	et he added if an effective date is requested	
	st be added if an effective date is requested.	
NOTE: An additional article mus REQUIRED SIGNATURE:	st be added if an effective date is requested.	

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)