

L04 00000 6861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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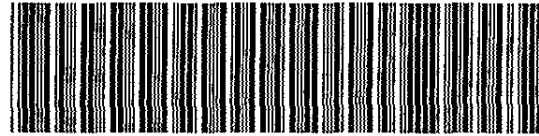
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: **L D PRYOR ENTERPRISES L L C**

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

LOUIS D PRYOR
Name of Person

LOUIS D PRYOR ENTERPRISES L L C
Firm/Company

7902 Sleepy Bay Blvd _____
Address

Navarre, Florida 32566 _____
City, State, and Zip Code

For further information concerning this matter, please call:

____ Louis D Pryor _____ at ____ (850) 863-1509 ____
Name of Person Area Code and Daytime Telephone Number

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**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I Name:
The name of the Limited Liability Company is:

LOUIS D PRYOR ENTERPRISES L L C

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

Principal Office Address:

7902 Sleepy Bay Blvd
Navarre, Florida 32566

Mailing Address:

Same

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

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

Name Louis D Pryor

Florida street address (P O Box NOT acceptable)

7902 Sleepy Bay Blvd

City, State, and Zip

Navarre, Florida 32566

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

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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

"MGRM" = Managing Member

MGR

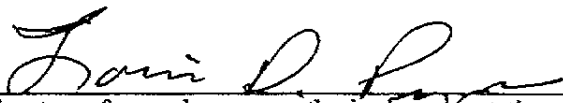
Louis D Pryor

7902 Sleepy Bay Blvd
Narare, Fla 32566

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

Article V The effective date shall be upon filing with the Secretary of State.

REQUIRED SIGNATURE;



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.)

LOUIS D PRYOR

Typed or printed name of signee

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