

L04000014198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

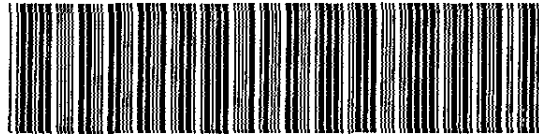
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300028390713

02/13/04--01010--022 **125.00

FILED
2004 FEB 12 PM 12:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

WILSON, HARRELL, SMITH, FARRINGTON & FORD, P.A.

ATTORNEYS AT LAW
307 SOUTH PALAFOX STREET
PENSACOLA, FLORIDA 32502

JAMES M. WILSON
BOARD CERTIFIED CIVIL TRIAL LAWYER
CERTIFIED CIRCUIT COURT MEDIATOR
C. MINER HARRELL
BOARD CERTIFIED CIVIL TRIAL LAWYER
MICHAEL D. SMITH
CERTIFIED CIRCUIT COURT MEDIATOR
CERTIFIED FAMILY MEDIATOR
WILLIAM E. FARRINGTON II
J. STEVEN FORD
JOSEPH A. WILSON
ADRIANNA MILLER SPAIN

POST OFFICE DRAWER 13430
PENSACOLA, FLORIDA 32591-3430
TELEPHONE (850) 438-1111
FAX (850) 432-8500
FAX (850) 438-0814

February 9, 2004

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

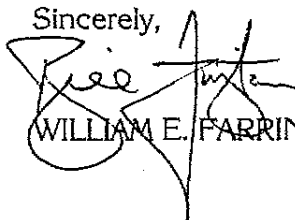
RE: OCOLFUND, L.L.C.
(LIMITED LIABILITY COMPANY)

Dear Sir or Madam:

Enclosed herewith is the original and one copy of the Articles of Organization for the above-referenced corporation to be filed with the Secretary of State. The filing check of \$125.00 is also enclosed, which includes a \$100.00 filing fee and a \$25.00 Registered Agent fee. Please return a copy of the Articles of Organization back to me at your earliest convenience.

If you have any questions, please feel free to contact me. I sincerely appreciate your attention and assistance to this matter.

Sincerely,


WILLIAM E. FARRINGTON, II

WEFII/las
Enclosures

FILED
2004 FEB 12 PM 12:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION OF
OCOLFUND, L.L.C.**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

FILED
2004 FEB 12 PM 12:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - NAME:

The name of the Limited Liability Company is Ocolfund, L.L.C..

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is 5946 Bay Vista Drive, Pensacola, Florida 32507.

ARTICLE III - DURATION:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - MANAGEMENT:

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

Michael G. Whitner
Post Office Box 34102
Pensacola, Florida 32507

S. LeAnn Whitner
Post Office Box 34102
Pensacola, Florida 32507

**ARTICLE V - REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE:**

The street address of the initial registered office of this corporation in the State of Florida and the name of its initial registered agent at that office is as follows:

Michael G. Whitner
5946 Bay Vista Drive
Pensacola, Florida 32507

Having been named as registered agent and to accept service or 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.


MICHAEL G. WHITNER
Registered Agent

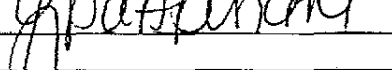
FILED
2004 FEB 12 PM 12:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

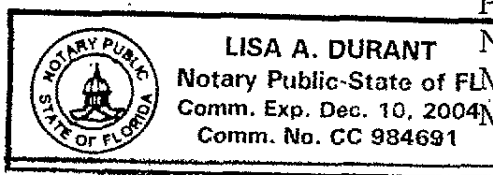
IN WITNESS WHEREOF, we have signed these Articles of Organization and acknowledged them to be our act this 6th day of February, 2004.


MICHAEL G. WHITNER

STATE OF FLORIDA
COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this 6th day of February, 2004, by MICHAEL G. WHITNER, who is personally known to me or who produced _____ as identification.

Sign: 
Print: _____



LISA A. DURANT
Notary Public - State of Florida
Comm. Exp. Dec. 10, 2004
Comm. No. CC 984691

NOTARY PUBLIC - STATE OF FLORIDA
My Commission Expires: _____
My Commission Number: _____