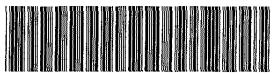
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AL.

## TRANSMITTAL LETTER

FILED

04 MAR -5 PM 1:34 (SECHETARY OF STATE TALLAHASSEE, FLORIDA (Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

TO:

Registration Section

**Division of Corporations** 

Please return all correspondence concerning this matter to the following:

Robert W. Richardson -			
(Name of Person)			
Terbibo Landclearing 1.LC			
(Firm/Company)			
5520 Sandview Dr			
(Address)			
Pensacola, JL. 32507			
(City/State and Zip Code)			

For further information concerning this matter, please call:

(Name of Person)

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

04 MAR -5 PM 1:34

ARTICLE I - Name: The name of the Limited Liability Company is:	SECHLTARY OF STATE TALLAHASSEE, FLORIDA
Perdido Landclearin	6 LLC.
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Fensacola, AL 32507	Same
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered	
Robert W. R	chardson
5520 Sand Florida street address (P.O. Box N	VIEW DC, OT acceptable)
Pensacola II FI City, State, and Zip	ORIDA 32507
Having been named as registered agent and to accept service of p company at the place designated in this certificate, I hereby acce agree to act in this capacity. I further agree to comply with the pr and complete performance of my duties, and I am familiar with a registered agent as provided for in Chapter	pt the appointment as registered agent and ovisions of all statutes relating to the proper and accept the obligations of my position as

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

FILED

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

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

04 MAR -5 PM 1:34

<u>Title:</u> "MGR" = Manager	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
"MGRM" = Managing Member	Robert W. 5520 Sandvi Pensacola	Richardson -
MGRM	Jodi Richa 5520 Sc Pensacola	rdson Indview Dr +1 32507
	- ·	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)		
NOTE: An additional article mus	t be added if an effective date is i	requested.
REQUIRED SIGNATURE:	Park and	
Signature of a member or	an authorized representative of a mem	ber.
(In accordance with section	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perj	on

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)

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Typed or printed name of signee