t		
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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M.

## TRANSMITTAL LETTER

TO: Registration Section
Division of Comporations

O4 MAR -8 PM 1: 50

SUBJECT: John Denney LLC Secretary of STATE (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:

Tohn Denney (Name of Person)

(Firm/Company)

12602 Renale Road (Address)

1-luctson, FC 34607

(City/State and Zip Code)

For further information concerning this matter, please call:

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

at ( 727 ) 819 - 8342 (Area Code & Dayrime Telephone Number)

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

04 MAR -8 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name: The name of the Limited Liability Company is:	SECOLTARY OF STA TALLAHASSEE, FLO
John DENNEY, LLC	
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12602 BERBIE Rd	SAME
Hudson, FL 34667	
	· · · · · · · · · · · · · · · · · · ·
ARTICLE III - Registered Agent, Registered Offi The name and the Florida street address of the regist	
Name	
12602 BEASIE Florida street address (P.O. Box	The state of the s
City, State, and Zi	FLORIDA 34467
g been named as registered agent and to accept service o	of process for the above stated limited liability

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)

## ARTICLE IV- Manager(s) or Managing Member(s): FILED The name and address of each Manager or Managing Member is as follows: 04 MAR -8 PM 1:50 Title: Name and Address: "MGR" = Manager SECRETARY OF STATE TALLAHASSEE. FLORIDA "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE:

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

S 25.00 Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

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

Typed or printed name of signes

that the facts stated herein are true.)