## 

(Re	questor's Name)	
(Ad	dress)	,
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only

SEUNLIFICY OF STATE TALLAHASSEE, FLORIDA



600029868206

03/09/04--01066--006 \*\*125.00

41

## TRANSMITTAL LETTER

TO:

Registration Section

Division of Corporations

04 MAR 09 MH 10: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: Haigh Properties, 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:

John Haigh		
	(Name of Person)	
Haigh Properties, LLC		
	(Firm/Company)	
1211 Well Fleet Drive		
	(Address)	
Waldorf, MD 20601		
	(City/State and Zip Code	)
For further information concerning this mate	ter, please call:	
John Haigh	at ( 301	638-0867

STREET ADDRESS:

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

(Name of Person)

MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, Florida 32314

FILED

## ARTICLES OF ORGANIZATION FOR

04 MAR 09 MM 10: 34

## FLORIDA LIMITED LIABILITY COMPANYSEUR JART UN STATE TALLAHASSEE, FLORIDA

ARTICLE I - Name: The name of the Limited Liability Company: Haigh Properties, LLC	is:
ARTICLE II - Address:	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Haigh Properties, LLC	Haigh Properties, LLC
1211 Well Fleet Drive	1211 Well Fleet Drive
Waldorf, MD 20601	Waldorf, MD 20601
Robert Ryczek  Nar  10105 Cleary Blvd  Florida street address (	me (P.O. Box NOT acceptable)
Plantation,  City, Stat  Having been named as registered agent and to accept s	FLORIDA 33324 te, and Zip service of process for the above stated limited liability
company at the place designated in this certificate, I have agree to act in this capacity. I further agree to comply wand complete performance of my duties, and I am family registered agent as provided for in the Registered Age	with the provisions of all statutes relating to the proper iliar with and accept the obligations of my position as n Chapter 608, Florida Statutes

Page 1 of 2 (CONTINUED)

FILED

ARTICLE IV- Manager(s) or Managi The name and address of each Manager	or Managing Member is as follows: SECNETARY UF STATE TALLAHASSEE, FLORIDA	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	John Haigh	
	1211 Well Fleet Drive	
MGRM	Waldorf, MD 20601  Robert L. Ryczek	,
	7320 50 +8 10105 Cleary Blue Plantation A 33324	rl
<u> </u>		,
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:		
John L Han	L	
Signature of a member or an a	uthorized representative of a member.	
(In accordance with section 608. of this document constitutes an a that the facts stated herein are true.)	.408(3), Florida Statutes, the execution affirmation under the penalties of perjury ue.)	
JOHN L. HA. Typed or pri	IGH	
Typed or pri	inted name of signee	

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)