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| Aswett Pottmas (Requestor's Name) | | |
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| | | |
| 4115 long St. (Address) | | |
| (Address) \ | | |
| | | |
| (Address) | | |
| Marianna Ft, 32446 | | |
| Marianna Ft, 32446 (City/State/Zip/Phone #) 482-819 | | |
| PICK-UP WAIT MAIL | | |
| Arnett Pettan | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| | | |
| Certified Copies Certificates of Status | | |
| Certified Copies | | |
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| Special Instructions to Filing Officer: | | |
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DIVISION OF CURPONATION

FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA

ARTICLES OF ORGANIZATION

FLORIDA LIMITED LIABILITY COMPANY 04 APR 28 AM 11: 40

| ARTICLE I - Name: | |
|---|--|
| The name of the Limited Liability Company is: | |
| Arnett Pott man | LLC |
| ARTICLE II - Address: The mailing address and street address of the pr | incipal office of the Limited Liability Company is |
| Principal Office Address: | Mailing Address: |
| 4115 long St. | Pio, Box 122 |
| Marianna FL. | Marianna FL. |
| 32446 | 32446 |
| ARTICLE III - Registered Agent, Registered The name and the Florida street address of the registered Arnett Pict Name 4115 long Florida street address (P.C.) | registered agent are: |
| Macia prog | FRIORIDA 32446 |

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..

Page 1 of 2 (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 followapp 28 AMII: 40

| "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|---|
| MGRM | A suct Pittman 4115 long St. Mariana Pc., 3244 |
| | |
| | |
| (Use attachment if necessary) | |
| NOTE: An additional article must be | e added if an effective date is requested. |
| REQUIRED SIGNATURE: | |
| Signature of a member or an | authorized representative of a member. |
| (In accordance with section 608 of this document constitutes an that the facts stated herein are t | 8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury true.) |
| Arnett | P'H MAN- |
| Typed or p | rinted 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)