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(Requestor	s Name)	
(Address)		
(Address)		
(City/State/2	Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business E	ntity Name)	
(Document	Number)	
Certified Copies Co	ertificates of Status	
	<u></u> .	
		
Special Instructions to Filing Of	ficer:	





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TRANSMITTAL LETTER

	tion Section of Corporations	
SUBJECT:	(Name of Limited Liability Company)	<u> </u>
	(Name of Limited Liability Company)	
The enclosed Ar	icles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	RONALD HOGARTH	
	(Name of Person)	
	T&H COMPTROLLERS, INC.	
-	(Firm/Company)	_
	200 CAPRI ISLES BLVD., SUITE 2	
	(Address)	
	VENICE, FL 34292	
	(City/State and Zip Code)	_ =
For further infor	mation concerning this matter, please call:	SECRET DIVISION C
RONALD	HOGARTH at (941) 484-4980	FILE OF CO
	(Name of Person) (Area Code & Daytime Telephone Number)	OF STATE OF

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

ARTICLE I - Name:

The name of the Limited Liability Company is:		
FERRHOF, LLC		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited	1 Liability Compan
Principal Office Address:	Mailing Address	. SKI
3008 ANCHOR DR.	Same	OF STAT
DEMOND BEACH, FL		THE ONS
32176		
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	-	•
THE COMPTROL	,	p97-30329
200 CAPRI TS Florida street address (P.O		
VENICE City, State, as	FLORIDA 34292	÷ .

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..

Registern Agent's Signatur

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	MICHAEL B. FELDBAUER 286 SHORE RD. WESTERLY, RT 02891
MGRM	ROBIN C. HOF 3008 ANCHOR DR. DEMOND BEACH, FC 32176
	DIVISION OF C
	mi≻⇔
(Use attachment if necessary)	AM 10: 34
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 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

that the facts stated perein are true.)

Typed or printed 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)