## L04000048602

LOUGLAS T. POTTEYR (Requestor's Name)						
•						
BZ PINE LANE (Address)						
(Address)						
(Address)						
•						
CRAWFORDVILLE, FL. 3Z327 (City/State/Zip/Phone #) (850) 925-7881						
	. ,	(	850) ª	125-7881		
	PICK-UP	☐ WA	IT	MAIL MAIL		
Delice Deron as						
DOUGLAS POTTER CO. LLC (Business Entity Name)						
(Document Number)						
Се	rtified Copies	Certif	icates of	Status		
Special Instructions to Filing Officer:						
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TALLAHASSEE, FLORIDA OF JUN 29 PM 1: 38

## FILEU

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	ny is:	-
DOUGLAS POTTER	Co., LLC	911 · 1256
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Addres	<u>s:</u>
82 PINE LANE	SAME	<u> </u>
CRAWFORDVILLE, FL.	- · · · · · · · · · · · · · · · · · · ·	
ARTICLE III - Registered Agent, Regi	stered Office, & Registered Ag	ent's Signature:
The name and the Florida street address o	f the registered agent are:	<b>=</b>
Daglas	T. POTTER	2004 JI SECRE ALLAI

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, F.S..

egistered Agent's Signature

Florida street address (P.O. Box NOT acceptable)

City, State, and Zip

82 ANE LANE

CRAWFORDVILLE FL

(CONTINUED)

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

Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM (Use attachment if necessary) NOTE: An additional article must be 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 herein are true.) DougLAS T. POTTER

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)