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(((H04000161724 3)))

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To:

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From:

Account Name

: HUBCO

Account Number : 104662003400 Phone

: (516)935-3940

Fax Number

: (516)935-3088

LIMITED LIABILITY COMPANY

Edward C. Sammons LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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Corporate Filing

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ARTICLES OF ORGANIZATION FOR

H04000161724

FLORIDA LIMITED LIABILITY COMPANY

ARTÍCLE I - Name

The name of the Limited Liability Company is: Edward C. Sammons LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
20517 Homosassa Court	20517 Homosassa Court	
Land O' Lakes, FL 34637	Land O' Lakes, FL 34637	
		2
		5 660
ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are:		AH 10: 24
Edw	ard C. Sammons	
	Alexan	

(P.O. Box or Mail Drop Box NOT Acceptable)

20517 Homosassa Court

•

Land O' Lakes, FL 34637

(City / State / Zip)

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 apacity. 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 Thapter 608, F.S.

Registered Agent's Signuture - Edward C. Sammons

ARTICLE IV - Manager(s) or Managing Member(s):

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

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Edward C. Sammons-20517 Homosassa Court, Land O' Lakes, Fl. 34637

(Use attachment if necessary)

REQUIRED SIGNATURE:

Edward C. Sammons

(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

Typed or printed name of signee

Signature of a member or authorized representative of a member.

stated herein are true.)