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, (Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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SECRETARY OF STATE

4 SEP 17 PM 1:5

W4-68317

Eshenbaugh Land Company

2502 N. Rocky Point Dr., Suite 675 Tampa, FL 33607

September 14, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Articles of Organization for Florida Limited Liability Company

Cheyenne LLC

TO: Registration Section

Division of Corporations

Enclosed are the completed forms for a new Limited Liability Company, Cheyenne LLC, and a check payable to Florida Department of State in the amount of \$160.00. This should cover the following:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy

5.00 Certificate of Status

If you require additional information, please contact me at the address shown above by telephone, 813-287-8787.

Thank you,

William A. Eshenbaugh

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Cheyenne Investigated Lia	tops LU bility Company)	-		-
The enclosed Articles of Organization and fee(s) ar	_			
Please return all correspondence concerning this ma	atter to the following:			
William H. Eshenbaugh (Name of Person)	· 			
Cheyenne In vestives LLC (Firm/Company)				
2502 N. ROCKY FOITH DR 9	4675			
AMPA F) 33607 (City/State and Zip Code)		₹.c.	0	
For further information concerning this matter, plea	ase call:	ECRETARY LLAHASSE	04 SEP 17	<u></u>
(Name of Person) at (Area Code & Daytime Telephone Number)	CF STATE	PM 1:56	
STREET ADDRESS:	MAILING ADDRESS:		~ ′	
Registration Section	Registration Section			-
Division of Corporations	Division of Corporations			

P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Cheyenne INESTORS, LLC	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability Company	y is:
Principal Office Address: 2502 North Rocky H. DR. 17675 TAMPH, FL 33607	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	
The name and the Florida street address of the registered agent are: MIRM A. Eshenbang h Name 2508 N. Rocky H. DR, #675 Florida street address (P.O. Box NOT acceptable) TRIMA FL 33607 City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature	of all
(CONTINUED)	•

ARTICLE IV- Manager(s) or Managing Member(s)	AI	RTICLE	IV-M	anager(s)	or M	anaging	Meml	ber(s)	:
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	WILLIAM A. ESHENBAULT
•	TAMPA, F) 33607
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	
•	per or an authorized representative of a member.
(In accordance with s of this document cons that the facts stated h	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)

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)