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## TRANSMITTAL LETTER

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LLC				
(Name of Limite	d Liability Company	')		<del></del>
of Organization and fee(s) are s	ubmitted for filing.			
pondence concerning this matte	er to the following:			
nie H. Nichols				
(I	Name of Person)			
ns and Jordan Incorporated				
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ville. TN 37912				ا ا ا ارب
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concerning this matter, please	call:		•	
	at ( 865 ) 6	88-8342		
e of Person)		Daytime Te	lephone Number)	
or the following amount:				
☐ \$130.00 Filing Fee & Certificate of Status	Certified Copy	_	S160.00 Fill Certificate of S Certified Cop (additional copy i	Status & y
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	(Name of Limite of Organization and fee(s) are suppondence concerning this matternie H. Nichols  Os and Jordan, Incorporated  (Wilbanks Road  (Wille, TN 37912  (City)  concerning this matter, please of Person)  or the following amount:  S130.00 Filing Fee & Certificate of Status  (EET ADDRESS: tration Section ion of Corporations Gaines Street	(Name of Limited Liability Company of Organization and fee(s) are submitted for filing. Prondence concerning this matter to the following:  (Name of Person)  (Same of Person)  (Wilbanks Road  (Address)  (City/State and Zip Code)  (City/State and Zip Code)  (Area Code & Cartificate of Status  (Certificate of Status  (Certificate Of Corporations  (Caines Street  (Name of Person)  (Area Code & Cartificate Of Status  (City/State and Cip Code)  (Area Code & Cartificate Of Status  (Certificate Of Status  (Certificate Of Status  (Certificate Of Corporations  (Caines Street  (Name of Limited Liability Company)  (Filing Certificate Of Status  (Address)	ILLC  (Name of Limited Liability Company)  of Organization and fee(s) are submitted for filing, pondence concerning this matter to the following:  nie H. Nichols  (Name of Person)  Os and Jordan, Incorporated  (Firm/Company)  Wilbanks Road  (Address)  (City/State and Zip Code)  concerning this matter, please call:  at (865) 688-8342  of Person)  or the following amount:    \$130.00 Filing Fee & Certified Copy (additional copy is enclosed)  EET ADDRESS: tration Section Ion of Corporations Cogines Street  MAILING AI Registration Section on Geographics of Copy (addition of Copy Copy (addition of Copy Copy Copy Copy Copy Copy Copy Copy	(Name of Limited Liability Company)  of Organization and fee(s) are submitted for filing.  pondence concerning this matter to the following:  nie H. Nichols  (Name of Person)  Os and Jordan, Incorporated  (Firm/Company)  (Wilbanks Road  (Address)  (Address)  (Ville, TN 37912  (City/State and Zip Code)  concerning this matter, please call:  at (865 688-8342  (Area Code & Daytime Telephone Number)  or the following amount:    \$130.00 Filing Fee & Certified Copy Certificate of Status  Certified Copy Certified Copy Certificate of Status  Certified Copy Certified

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ie:						
The name of the Lin	mited Liability C	ompany is:					
US 98, LLC							
ARTICLE II - Ad	dress:						
The mailing addres	s and street addre	ess of the pri	ncipa	l office of the Lim	ited Liabili	ty Con	npany is:
Principal Office A	ddress:		<u>Mai</u>	iling Address:			
8940 Gall Boulevan	d		s	ame			
Zephyrhills, FL 335	41		1				
		,			<u> </u>	F- )	
ADDICT E HE D.	atatawal Acamt	Desigtered	Offi.	a P. Dogistanod	Can da Sia		-
ARTICLE III - Re	egistered Agent,	Kegisterea	Ome	e, & Registereu 2	Agent 8.518	mature	24 y
The name and the Florida street address of the registered agent are:		H 전기	三	# · · · · · · ·			
	Ben R. Turner			·	( O)	U	eren and Herenda
		Name				W	
	8940 Gall Bould	dvard			₹, = <u>1</u> 1 }	02	
	Flo	rida street addr	ess (P	O. Box NOT accepta	ible)		-
	Zephyrhills,		FL	33541			
		City, State, ar	ıd 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 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.

Registered Agent's Signature

(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	Phillips and Jordan, Inc W.T. Phillips, Sr.,CEO 6621 Wilbanks Road Knoxville, TN 37912
(Use attachment if necessary)	TEST DE DE CO
NOTE: An additional article must b	be added if an effective date is requested.
	or an authorized representative of a member.
(In accordance with section of this document constituent that the facts stated here.)	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)
	nc W. T. Phillips, Sr., CEO ed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)