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SECRETARY OF STATE

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FAIRCLOTH INVESTMENTS LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JOHN J FAIRCLOTH JR (Name of Person)	
FAIRCLOS INVESTMENS LLC (Firm/Company)	
2406 S Dunoce (Address)	
TAMPA FL 33629 (City/State and Zip Code)	
For further information concerning this matter, please call:	
TOWN T FAIRCLOTH. at (813) \$29-7936 PM STATE (Area Code & Daytime Telephone Number) PM STATE (Area Code & Daytime Telephone Nu	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \$\Bigcup \\$155.00 Filing Fee & \$\Bigcup \\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	ا ه المسيخ
STREET ADDRESS: Registration Section Registration Section	

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	· ·
FAIRCLOTH INVESTM	ents LLC
ARTICLE II - Address: The mailing address and street address of the particle.	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
TAMPA FL 37629	
ARTICLE III - Registered Agent, Registered	l Office, & Registered Agent's Signature:
The name and the Florida street address of the range of the Police of the Name	registered agent are:
2406 5 1 Florida street add	dress (P.O. Box NOT acceptable)
Tampa City, State,	FL 33629 and Zip
registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 808, ES.

Page 1 of 2

(CONTINUED)

	Manager(s) or Ma dress of each Mana		X 4 1	U1X/8•	
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(Use attachment	if necessary) itional article mus	at be added if an	effective date is r	requested.	
NOTE: An add	Signature of memiliary of this document con that the facts stated	per or a 2 athorize section 608.408(3), F stitutes an affirmation therein are true.)	d representative of a	VALLAHASSEE,	2005 JAN -4 PH 1: 44
		yped or printed nan	ne 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)