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TRANSMITTAL LETTER

	istration Sec ision of Cor					· ·
SUBJECT:	·		n Equity Ho			
(Name of Limited Liability Company)						·
The enclosed	d Articles of	Organization and fee(s) are su	ibmitted for t	īling.		
Please return	all correspo	ondence concerning this matter	r to the follow	ving:		
		Anti	nony R. Cor	klin		
		4)	lame of Person	1)		
		a	Firm/Company)		
		,		,		
		1824	Kingstree [)rive		
_			(Address)			
			ment, Florid State and Zip			
		(City)	oute une any	2000)		
For further is	nformation o	concerning this matter, please	call:			
	Anthony F	R. Conklin	at (850	、 3	93-98	49
		of Person)	at (lephone Number)
Enclosed is	a check fo	r the following amount:				
Ø \$125.00 F	Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	Certified (O Filing Fe Copy copy is enclos		□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ET ADDRESS:				DDRESS:
	Registration Section Division of Corporations		Registration Section Division of Corporations			
409 E. Gaines Street		P.O. Box 6327				

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:					
Conklin Equity Holdings, LLC					
ARTICLE II - Address: The mailing address and street add	lress of the principal office of the Limited Liability Company is				
Principal Office Address:	Mailing Address:				
1824 Kingstree Drive	1824 Kingstree Drive				
Cantonment, Florida 32533	Cantonment, Florida 32533				
ARTICLE III - Registered Agen	t, Registered Office, & Registered Agent's Signature:				
The name and the Florida street ac	ldress of the registered agent are:				
	Anthony R. Conklin				
	Name				
	1824 Kingtree Drive				
<u> </u>	Florida street address (P.O. Box NOT acceptable) Cantonment FL 32533				
	Cantonment FL 32533				
	City, State, and Zip				
liability company at the place of registered agent and agree to act statutes relating to the proper ar	agent and to accept service of process for the distrest stated limited lesignated in this certificate, I hereby accept the appointment as in this capacity. I further agree to comply with the provisions of a complete performance of my duties, and I am familiar with analysision as registered agent as provided for in Chapter 608, F.S				
_ Cm	mony Corolli				
Re	egisterēd 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:					
MGR	Anthony R. Conklin 1824 Kingstree Drive Cantonment, Florida 32533					
(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 see of this document const	(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.) Anthony R. Conklin Typed or printed name of signee					
Ту						
Filing Fees:	₽s ≥					

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)