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P2515

TRANSMITTAL LETTER

TO: Registration : Division of C					
SUBJECT:	Panta Asso	ociates, LLC			
· ·	(Name of Limite	d Liability Company)			
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.			
Please return all corre	spondence concerning this matte	er to the following:			
	Donald H.				
	0	Name of Person)			
	Panta Ass	ociates, LLC			_
	(Firm/Company)			'
	1325 Hicko	ory Nut Court			
<u></u>		(Address)		•	
	Amelia Isla	nd, FL 32034			_
	(City	/State and Zip Code)			51
For further information	n concerning this matter, please	cali:		ALL S	05 FEB 25 PN 1: 35
Donald H	. Flanders	at (904) 261-8153			PH
(Nar	ne of Person)	(Area Code & Daytime To	elephone Number)	LORID	 ω
Enclosed is a check	for the following amount:			IDA A	. ö
3 \$125.00 Filing Fe	e S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)		Status &	Ն
Reg	REET ADDRESS: istration Section ision of Corporations	MAILING A Registration S Division of Co	ection		

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 I - Name:	
The name of the Limited Liability Con	ipany is:
Panta Associate	es, 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:
1325 Hickory Nut Court	1325 Hickory Nut Court
Amelia Island, FL 32034	Amelia Island, FL 32034
The name and the Florida street address	egistered Office, & Registered Agent's Signature: s of the registered agent are:
	Name ASE 5
1329	5 Hickory Nut Court
Florid	a street address (P.O. Box NOT acceptable)
Amel	ia Island, FL 32034
C	ity, State, and Zip
liability company at the place design registered agent and agree to act in thi statutes relating to the proper and co	nated to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S
Register	ed Agent's Signature

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manag "MGRM" = Man				
MGRM	Donald H. Flanders			
	1325 Hickory Nut Court			
	Amelia Island, FL 32034			
MGRM	Ethel Parks Flanders			
	1325 Hickory Nut Court			
	Amelia Island, FL 32034			
				
			-	
(Use attachment	if necessary)			
NOTE: An add	itional article must be added if an effective date is requested.			
REQUIRED SIG	INATURE:			
	La Chander	-1 ,,-	0	
	Signature of a member or an authorized representative of a member.	A C	05 F	
	(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.)	All Loss	FEB 25	FILE
	Donald H. Flanders	1	₽¥	ΕD
	Typed or printed name of signee	<u>, 11</u>		_
Filing Fees:		ORIDA ORIDA	: 35 :	

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

ARTICLE V - Effective Date:

Effective date for Panta Associates, LLC - February 18, 2005