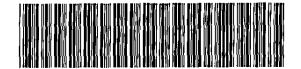
L050000039568

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
·	·	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(D)	-:	
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
		1

Office Use Only



200050608742

MM/32/75--01081--015 **160.00

T. Brumbley APR 2 2 200

05 AFR 22 ANTH: 56

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: EEH, LLC (Name of Li	mited Liability Company)	
The enclosed Articles of Organization and fee(s) are	_	
Please return all correspondence concerning this ma	tter to the following:	
DAVID A. HOOVER (Name of Person)		
EEH, LLC (Firm/Company)		
19 CALVARY OxuRT (Address)		
CRAWFORDUIUE, FL 323 (City/State and Zip Code)	27	
For further information concerning this matter, pleas	e call:	05
Davio Hoover	at (850) 926-7202	
(Name of Person)	(Area Code & Daytime Telephone Number)	F9 22
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	5 MPR 22 AM II: 50 LVHÁNSSEE, FLÓRIO
Tallahassee, Florida 32399	Tallahassee, Florida 32314	

ARTICLE I - Name: The name of the Limited Liability Company is: EEH, 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: EEH, LLC IS CAUARY COURT CRAUFORDYILLE, FL 32327 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: DALO A. HOOLER Name IS CAUARY COURT Name IS CAUARY COURT Name IS CAUARY COURT Name IS CAUARY COURT Florida street address (P.O. Box NOT acceptable)

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

CRAWFOROV, LE FL 32327

City, State, and Zip

(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 M	Name and Address: ember
MGRM	DAVID A. HOGUER 19 CALVARY COLLAT CRAWFORDVILLE, FL 32327
MGRM	WILLIAM G. EDVAROS, SR. 26 DOCUMONO CIRCLE MOLLIFRIE, GA 31768
MGRM	WILLIAM G. EDWARDS, JR. 15 DOGWOOD CLRCLE MOWLTRIE, GA 31768
(Use attachment if necessand NOTE: An additional a	rticle must be added if an effective date is requested.
(In according that the	RE: A Cooperate of a member or an authorized representative of a member. A condance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury facts stated herein are true.) A House Typed or printed name of signee
	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)