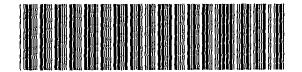
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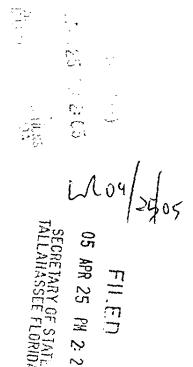
(Requestor's Name)				
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Special Instructions to Filing Officer:	٦			
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Office Use Only



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Bruce Hall (Name of Lin	Logging L. L. C. mited Liability Company)	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Bruce Hall (Name of Person)		
Bruce Hall Loggin (Firm/Company)	9	FILED OS APR 25 PH 2: 29 SECRETARY OF STATE TALLAHASSEE FLORIDA
P.O. Box 303		TARY OF STAIL
Woodville, Fl, 32362 (City/State and Zip Code)		ATE JRIDA
For further information concerning this matter, please	e call:	
Bruce Hall (Name of Person)	at (850) 421-9359 (Area Code & Daytime Telephon, Number)	
STREET ADDRESS:	MAILING ADDRESS:	

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 Company is:

Bruce Hall Logging	L. L. C.
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Bruce Hall	Bricest
Crawford Ville, Fl.	P.O. Box 303 Woodville Fl. 32362
ARTICLE III - Registered Agent, Registered Office, & The name and the Florida street address of the registered a	Registered Agent's Signature:
Bruce Hall	SEE FR
Name 144 Center Line Circ. Florida street address (P.O. Box NOT Crawfordville FL 3: City, State, and 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)

The name and address	s of each Manager or	Managing Member is as follows:	
Title: "MGR" = Manager "MGRM" = Managing	g Member	Name and Address:	
MGRM		Bruce Hall P.O. Box 303 Woodville, Fl. 32362	
		TALL.	OS APR
(Use attachment if nec	• ,	dded if an effective date is requested.	R 25 PN 2: 29 R 25 PN 2: 29 R 35 PN 2: 29
REQUIRED SIGNAT	TURE:		
(In	accordance with section this document constitute to the facts stated herein a	an authorized representative of a member. 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury are true.) or printed name of signee	
	i yped	or printed name or signee	

ARTICLE IV- Manager(s) or Managing Member(s):

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)