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(Re	equestor's Name)	
(Ad	(dress)	
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(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2005 APR 29 PM 2: 18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

4 2005 MAY - 4 2005

TRANSMITTAL LETTER

SUBJECT:		pert LLC	
	(Name of Limit	ed Liability Company)	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre-	spondence concerning this matt	ter to the following:	
	K. K. Bradley		
	((Name of Person)	
			MIS APR 29 THE COROCRATION OF PLORID
	56 Filbert LLC		<u> </u>
	•	(Firm/Company)	
			T B
	PO Box 218	·	
		(Address)	PE
	Flagler Beach, FL 32	136	
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
K. K.	Bradley	at (386) 439-2073	
(Name	e of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee		□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis	EET ADDRESS: tration Section ion of Corporations	MAILING A Registration S Division of Co	Section

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

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

ARTICLE I - Name:	Common in
The name of the Limited Liability	Company is:
	56 Filbert LLC
ADDICE DEL ALL	
ARTICLE II - Address: The mailing address and street add	dress of the principal office of the Limited Liability Company is:
-	
Principal Office Address:	Mailing Address:
209 N. Daytona Ave	PO Box 218
Flagler Beach, FL 32136	Flagler Beach, FL 32136
	K. K. Bradley
 F	209 N. Daytona Ave, lorida street address (P.O. Box <u>NOT</u> acceptable)
Flagler	
	City, State, and Zip
liability company at the place d registered agent and agree to act it statutes relating to the proper and	agent and to accept service of process for the above stated limited lesignated in this certificate, I hereby accept the appointment as in this capacity. I further agree to comply with the provisions of all d complete performance of my duties, and I am familiar with and sition as registered agent as provided for in Chapter 608, F.S
	K. K. Bradley zistered 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Fox Horn Limited LLC PO BOX 218 Flagler Beach, Fl 32136	
(Use attachment if necessary)		
NOTE: An additional article must l	pe added if an effective date is requested.	
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.	
(In accordance with sect of this document constit that the facts stated he	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)	
	P. L. Parker, Jr.	
Тур	ed or printed name of signee	
Filing Fecs:		

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

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