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(Requestor's Name)
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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporation	Ohs	· ·		
SUBJECT: F and M ENT	ERPRISES LLC			
· · · · · · · · · · · · · · · · · · ·	(Name of Limite	d Liability Company)		
The enclosed Articles of Organ	ization and fee(s) are s	ubmitted for filing.		
Please return all correspondence	e concerning this matte	r to the following:		
ELC	OUISE M. FELKNOD (P	Rame of Person)		
F and M E	NTERPRISES LLC	Firm/Company)		
	· (	Time Company)		
	7009 CR 249			
		(Address)		<del>( )</del>
LIV	E OAK FLORIDA 3			•
	(City/	State and Zip Code)		<u> </u>
For further information concern	ing this matter, please o	call:		
ELOUISE M FELKN	OR	<b>■1</b> (386 ) 364–415		
(Name of Perso	on)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check for the fo	ollowing amount:			
	130,00 Filing Fee & ficate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Certificate of Status Certified Copy (additional copy is enclosed)	s &
STREET AD		MAILING A		
Registration S Division of C	orporations	Registration Section Division of Corporations		
409 E. Gaines Tallahassee, F		P.O. Box 6327 Tallahassee, Florida 32314		

# **ARTICLE I - Name:** The name of the Limited Liability Company is: F and M ENTERPRISES LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Principal Office Address: 7009 CR 249 7009 CR 249 LIVE OAK FL 32060 LIVE OAK FL 32060 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: ELOUISE M FELKNOR Name 7009 CR 249 Florida street address (P.O. Box NOT acceptable)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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.

City, State, and Zip

LIVE OAK

Registered 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" = Man "MGRM" = M	Name and Address: anaging Member			
MGR	RYAN T FELKNOR			
	24701 NW 32ND AVENUE			
	NEWBERRY, FL 32669	_		
MGR	THOMAS R FELKNOR			
	7009 CR 249	-		
	LIVE OAK, FL 32060	_		
MGR	ELQUISE M FELKNOR	_		
	7009 CR 249			
	LIVE OAK, FL 32060			
MGR	JERRY L MYERS			
	25417 NORTH IRISH RIDGE ROAD	_		
	BOSCOBEL, WISCONSIN 53805	_		
(Use attachment NOTE: An ad REQUIRED S	ditional article must be added if an effective date is requested.			
	Elouia M. Felknow	7.	0	
	Signature of a member or an authorized representative of a member.		<u>∵</u>	
	(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.)		051112" -3	
	ELOUISE M FELKNOR	4		
	Typed or printed name of signee	.56.		

Filing Fees:

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

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

TITLE MGR

NAME AND ADDRESS

STEVEN H MYERS

19403 SW 15TH AVENUE NEWBERRY, FL 32669

ARTICLE V - EFFECTIVE DATE:

The effective date of this LLC shall be May 01, 2005.