

LOS000052525

(Requestor's Name)

Sender's Name Paul D. Gant Phone 479 474-3466

Company Gant & Barlow LLP

Address 200 South 7th Street

City Van Buren State AR ZIP 72956

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

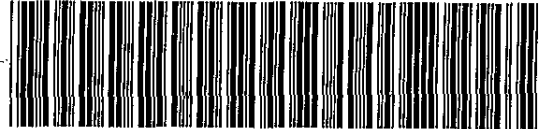
(Business Entity Name)

(Document Number)

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**GANT & BARLOW LLP**

*Attorneys at Law*

200 SOUTH 7TH, P.O. BOX 416  
VAN BUREN, ARKANSAS 72957

TELEPHONE 479-474-3466  
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EMAIL: GANTBARLOW@AOL.COM

PAUL D. GANT  
R. DEREK BARLOW

H. ZED GANT  
(1914-2002)

May 19, 2005

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

**VIA FEDERAL EXPRESS**

Re: Don Slims LLC

Dear Sir or Madam:

Please find enclosed the original copy of the Articles of Organization for Don Slims LLC to be filed with your office. I have also enclosed our firm's check in the amount of \$185.00 to cover the initial filing fee along with the fee for two certified copies. I would appreciate you returning all correspondence to our office in the enclosed Federal Express envelope I have provided for your convenience.

If you have any questions, please feel free to contact me at any time.

Thanking you for your assistance in this matter, I am

Sincerely,

  
PAUL D. GANT

PDG:lks  
Encl.

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**DON SLIMS LLC**

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

400 Bay Street, Unit 108  
Jacksonville, FL 32202

#### Mailing Address:

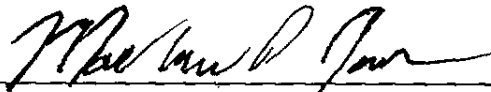
400 Bay Street, Unit 108  
Jacksonville, FL 32202

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Matthew P. Jones  
400 Bay Street, Unit 108  
Jacksonville, FL 32202

*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..*



MATTHEW P. JONES  
Registered Agent

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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

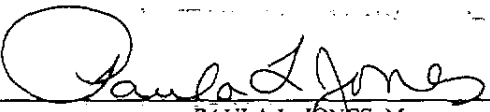
"MGRM" = Managing Member

**Name and Address:**

MGR

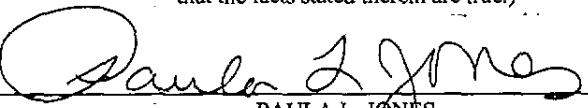
Paula L. Jones  
1713 Winter Park Circle  
Van Buren, AR 72956

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
PAULA L. JONES, Manager

Signature of a member or an authorized representative of a member.

(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 therein are true.)

  
\_\_\_\_\_  
PAULA L. JONES  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA