

LOS 0000 61440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Jeffrey S. Eckert GAVE

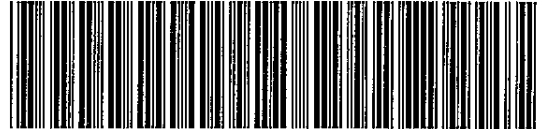
AUTHORIZATION BY PHONE TO

CORRECT The name #1

DATE 6-21-05

DOC. EXAM not

Office Use Only



700056103017

06/15/05--01021--004 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN 15 PM 2:03

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E&E Properties, *old orchard, LLC*
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeff Eckert, Paul Evans

(Name of Person)

E&E Properties, LLC

(Firm/Company)

6315 Spoonbill Dr.

(Address)

New Port Richey, FL 34652

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN 15 PM 2:03

FILED

For further information concerning this matter, please call:

Jeffrey S. Eckert

(Name of Person)

at (636)

410-5061

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

STREET ADDRESS:

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

MAILING ADDRESS:

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:

E&E Properties old orchard, LLC

ARTICLE II - Address:

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

Principal Office Address:

E&E Properties
6315 Spoonbill Dr.
New Port Richey, FL 34652

Mailing Address:

E&E Properties
6315 Spoonbill Dr.
New Port Richey, FL 34652

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

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

Paul Evans

Name

6315 Spoonbill

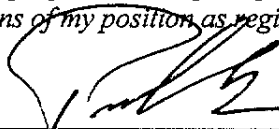
Florida street address (P.O. Box NOT acceptable)

New Port Richey, FL 34652 FL

City, State, and Zip

FILED
05 JUN 15 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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

Jeffrey S. Eckert

2309 Canyon Drive

St. Charles, MO 63303

MGR

Paul Evans

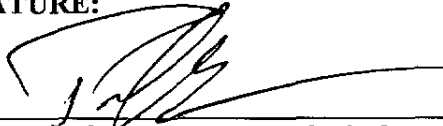
6315 Spoonbill

New Port Richey, FL 34652

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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 herein are true.)

Paul Evans

Typed or printed name of signee

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)

FILED
05 JUN 15 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA