

L05000067795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

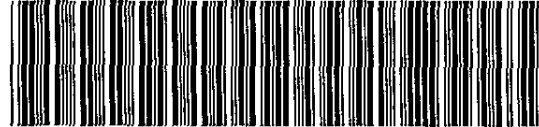
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600056193116

07/06/05--01003--006 \*\*125.00

FILED  
2005 JUL -5 PM 1:25  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J BRYAN JUL 11 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PONTCHARTRAIN PARTNERS 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:

MICHAEL BOOTH

(Name of Person)

PONTCHARTRAIN PARTNERS LLC.

(Firm/Company)

187 LAUREN LN.

(Address)

SANTA ROSA BEACH, FL. 32459

(City/State and Zip Code)

FILED  
2006 JUL -5 PM 1:25  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MICHAEL BOOTH

(Name of Person)

at (

504 701-7062

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

PONTCHARTRAIN PARTNERS L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

187 LAUREN LN.  
SANTA ROSA BEACH, FL. 32459

Mailing Address:

727 LIBBY LN.  
MANDEVILLE, LA. 70471

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

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

MICHAEL BOOTH

Name

187 LAUREN LN.

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

SANTA ROSA BEACH FL 32459

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.*

Michael Booth

Registered Agent's Signature

(CONTINUED)

FILED  
2005 JUL -5 PM 1:25  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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

MICHAEL BOOTH  
187 LAUREN LN.  
SANTA ROSA BEACH, FL. 32459

MGR

DOUG DURAND  
187 LAUREN LN.  
SANTA ROSA BEACH, FL. 32459

MGR

JOHN SCALLAN  
187 LAUREN LN.  
SANTA ROSA BEACH, FL. 32459

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

MICHAEL BOOTH

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  
2005 JUL -5 PM 1:25  
DIV. OF CORPORATIONS  
TALLAHASSEE, FLORIDA