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# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: G/easy H.Phi. III p'S (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:	
GleNn H. Ph; //ip 5 (Name of Person)	
Gleon Phillips 12C. (Firm/Company)	
724 Tolar Whole Al. AHE AND SS. (Address) SS. S.	canti
	414 q 744
Quincy Fla 3235/ FLS 25 (City/State and Zip Code)	
For further information concerning this matter, please call:    Compared to the concerning this matter, please call:   Co	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee  □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee & Certificate of Status	,

### 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

ARTICLI	ΕI	- N	ame:
The name	οf	the	Limit

The name of the Limited Liability Company is:

Gledn Phillip's LLC

#### **ARTICLE II - Address:**

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

Principal Office Address:

724 Tolon White Ref.

Quing Fila:

3235/

3235/

3235/

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

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

Glewn H Phillips

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

Quincy Fla. FL 32351 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..

Pacintared A cont's Signature

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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SECTIL FARY OF STAIL AHASSEF FLORIDA

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

<u>Title:</u> "MGR" = Manager	Name and Address:			
"MGRM" = Managing Member  MGRM" = Managing Member	Slann H. Philips 724 Tolan White Ret. Quincy Fla. 32351			
(Use attachment if necessary)				
	added if an effective date is requested.			
(In accordance with section of this document constitute that the facts stated herei	an authorized representative of a member.  1 608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury in are true.)  or printed name of signer			
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)