

605000077627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

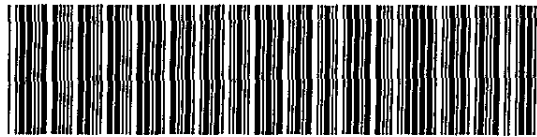
(Document Number)

Certified Copies 1 Certificates of Status 1

Special Instructions to Filing Officer:

8/4 FL LC

Office Use Only



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08/04/05--01053--007 **160.00

M. HODGES

05 AUG -3 PM 2:25

Paul D. MacLeod
6188 3rd Ave S.
Saint Petersburg, FL 33707

June 28th, 2005

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

Re; cover letter compliance

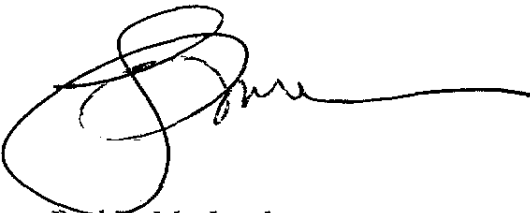
Dear Sir or Ma'am,

My name is Paul D. MacLeod. I have enclosed the required documentation and accompanying funds to execute the filing and eventual formation of my LLC. If there are any questions, I am available during the day at my mobile number which is as follows, 727-543-1452.

I trust you will find everything is in order as it should be. Although not requested or required, I have included a copy of my Florida Drivers License so that you may verify my identity.

Thanking you in advance for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Paul D. MacLeod', with a long horizontal flourish extending to the right.

Paul D. MacLeod

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Old South Holdings, 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:

Paul D. MacLeod
(Name of Person)

N/A
(Firm/Company)

6188 3rd Ave South
(Address)

Saint Petersburg, FL 33707
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul D. MacLeod at (727) 381-2050
(Name of Person) (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:

Old South Holdings, LLC

ARTICLE II - Address:

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

Principal Office Address:

6188 3rd Ave. South
Saint Petersburg, FL 33707

Mailing Address:

6188 3rd Ave. South
Saint Petersburg, FL 33707

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

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

Paul D. MacLeod

Name

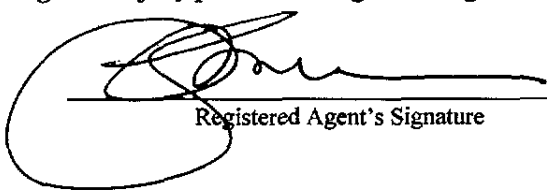
6188 3rd Ave S.

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

St. Petersburg, FL 33707 FL

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..



Registered Agent's Signature

(CONTINUED)

05 AUG -4 PM 3:25

FILED

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:

MGRM

Paul D. MacLeod

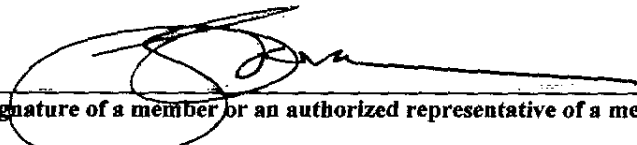
6188 3rd Avenue South

Saint Petersburg, FL 33707

(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 D. MacLeod

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)