| (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: \$\int \mathcal{I} \mathcal{I} \mathcal{I} \mathcal{L} \mathcal{C} |
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M. HODGES

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SECTION OF SIT

TRANSMITTAL LETTER

| TO: Registration Se | | | |
|---------------------------|---|--|------------------------|
| SUBJECT: | Promethean Elo (Name of Limited | ement L.L.C. H Liability Company) | |
| The enclosed Articles of | f Organization and fee(s) are se | ubmitted for filing. | |
| Please return all corresp | ondence concerning this matte | r to the following: | |
| | Damian K. Ana | Verson Vame of Person) | |
| | (t | Name of Person) | - |
| | | | |
| | (1 | Firm/Company) | |
| | 2150 Palm Ha | rbor Blvd., Suite | <u>.A</u> |
| | Palm Harbor, (City) | FL. 34683 State and Zip Code) | |
| For further information | concerning this matter, please | call: | |
| Damian K. An. | derson of Person) | at (| 803 lephone Number) |
| Enclosed is a check fo | r the following amount: | | |
| □ \$125.00_Filing Fee | ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | |
| | ET ADDRESS: ration Section | MAILING A | |

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

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: |
|---|
| Promethean Element LLC. |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| Principal Office Address: Mailing Address: |
| Promethean Element LLC. 2150 Palm Harbor Blvd., Str. A Palm Harbor, FL. 34683 Palm Harbor, FL. 34683 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: |
| The name and the Florida street address of the registered agent are: |
| Damian Anderson Name |
| 2150 Palm Harbor Boulevard, Ste A Florida street address (P.O. Box NOT acceptable) |
| Palm Harbor FL 34683 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..

Damian Dt. Anderson
Registered Agent's Signature

AUG 17 PH 4: I

(CONTINUED)

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|---|---|
| MG-RM | Damien K. Anderson 1340 Killie Court, Apt. 304 Dunedin, Florida 34698 |
| | |
| | - |
| | |
| . Use attachment if necessary) | |
| OTE: An additional article must | be added if an effective date is requested. |
| EQUIRED SIGNATURE: | |
| Damian Signature of a member | M. Anderson or an authorized representative of a member. |
| (In accordance with sec of this document consti- that the facts stated he | tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.) |
| Damian K | Anderson ed 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)