

LD5000095919

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2005 SEP 22 PM 1:39
TALLAHASSEE FLORIDA

9/29/05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

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2005 SEP 22 PM 1:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: HISTORIC PENSACOLA PROPERTIES, 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:

DEBORAH DUNLAP

(Name of Person)

HISTORIC PENSACOLA PROPERTIES, LLC

(Firm/Company)

POB 346

(Address)

PENSACOLA, FL 32594 - 0346

(City/State and Zip Code)

For further information concerning this matter, please call:

DEBORAH DUNLAP

(Name of Person)

at (850) 232-9063

(Area Code & Daytime Telephone Number)

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

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
HISTORIC PENSACOLA PROPERTIES, LLC

ARTICLE II - Address:

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

Principal Office Address:

POB 346
PENSACOLA, FL 32591-0346

Mailing Address:

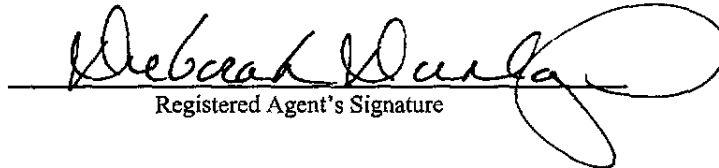
POB 346
PENSACOLA, FL 32591-0346

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

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

DEBORAH DUNLAP
Name
POB 346
Street Address
231 HALLOCK St., Pensacola, FL
Florida street address (P.O. Box NOT acceptable)
32507
PENSACOLA FL 32591-0346
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)

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SECRETARY OF STATE
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:

MGRM

DEBORAH DUNLAP

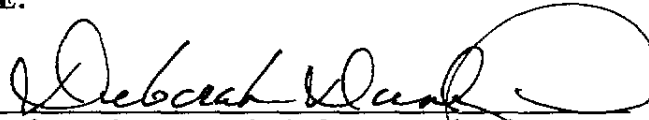
POB 346

PENSACOLA, FL 32591-0346

(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.)

DEBORAH DUNLAP

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

160.00 check # 2235