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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
	siness Entity Name)
(Do	ocument Number)	
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Certified Copies	Certificates o	f Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

DIVISION OF CORPORATIONS

2005 DEC 12 AM 7-1.7

COVER LETTER

TO:	Registration Se Division of Co			
SUBJI	ECT: Pond 8	Son Investments, LL	C 1 Liability Company)	
		(Name of Limite	т спавину сотрану)	
The en	closed Articles o	f Organization and fee(s) are s	abmitted for filing.	
Please	return all corresp	oondence concerning this matte	r to the following:	
	Stephen T	Pond		
		C	Name of Person)	
	Pond & So	n Investments, LLC		
		(Firm/Company)	
	1220 Rive	rside Dr.		2
			(Address)	2005 DEC
	Washingto	on Court House, O	nio 43160	
(City/State and Zip Code)		<u> </u>		
For fur	ther information	concerning this matter, please	call:	2005 DEC 13 AM 7: 47
Step	hen T Pond		at (740) 335-4529	→ 3
<u></u>	(Name	of Person)	(Area Code & Daytime Telephone Numb	er)
Enclos	sed is a check fo	or the following amount:		
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificate (additional copy is enclosed) Certified C	Filing Fee, of Status & Copy ppy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pond & Son Investments, LLC (Must end with the words "Limited Liability Company, "Lir	nited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1220 Riverside Dr. Washington Court House, Ohio 43160	1220 Riverside Dr. Washington Court House, Ohio 43160
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Repusiness entity with an active Florida registration.) The name and the Florida street address of the TRAVE. Wayne Pond Nar	e registered agent are:
1061 Napa Way	ORPOR
	address (P.O. Box NOT acceptable)
Niceville, Florida 32578 City, State	e, and Zip
liability company at the place designated in registered agent and agree to act in this capacitatutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

"MGR" = Manager	Name and Address:	
'MGRM" = Managing Member		
MGR	Stephen T Pond	
	1220 Riverside Dr.	
	Washington Court House, Ohio 43160	
(sur)		
MGRM	AVIS Wayne Pond	
	1061 Napa Way	<u>enn7</u>
	Niceville, Florida 32578	<u>e</u>
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Use attachment if necessary)		
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LE V: Effective date, if other than the defective date is listed, the date must be days after the date of filing.)		
(Use attachment if necessary) LE V: Effective date, if other than the difective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:		
LE V: Effective date, if other than the d fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	specific and cannot be more than five bus	
EV: Effective date, if other than the descrive date is listed, the date must be days after the date of filing.)	specific and cannot be more than five bus	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Stephen T Pond

\$ 5.00 Certificate of Status (Optional)

of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee