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(Re	equestor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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. (Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:	Registration Sc Division of Con			
Subj	ECT: PENN	-TEX PARTNERS (Name of Limited	Liability Company)	
The er	nclosed Articles of	f Organization and fee(s) are su	abmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
	JAMES F	. RONSPIES		
		0	Name of Person)	
	0000 101		Firm/Company)	
	3800 JO	SIE LANE, STE.	(Address)	
	PAI M H	ARBOR, FLORI	(,	
	1 1 1 1 1 1 1 1 1		(State and Zip Code)	
For fu	rther information	concerning this matter, please	call:	
<u>J</u> AN	MES F. ROI	NSPIES	at (727) 441-11. (Area Code & Daytime To	22
	(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclo	sed is a check fo	or the following amount:		
\$12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR I	TOTAL LANGE PARTIES OF THE PARTIES O
ARTICLE I - Name: The name of the Limited Liability Company is	is:
PENN-TEX PARNTERS, LLC (Must end with the words "Limited Liability Company, "Lin	nited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Malling Address:
3800 JOSIE LANE, STE. 3	3800 JOSIE LANE, STE. 3
PALM HARBOR, FLORIDA 34685	PALM HARBOR, FLORIDA 34685
The name and the Florida street address of the JAMES F. RONSPIES	
Nar	ne
3800 JOSIE LANE, S	TE. 3
Florida street	address (P.O. Box NOT acceptable)
PALM HARBOR	FL 34685
City, Stat	te, and Zip
liability company at the place designated is registered agent and agree to act in this capa statutes 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 acity. 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) Page1of2

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Me	mber
MGRM	AUBREY G. SHOEMAKE, SR.
	3505 TARPON WOODS BLVD., STE. C41
	PALM HARBOR, FLORIDA 34685
MGR	JAMES F. RONSPIES
	3800 JOSIE LANE, STE. 3
	PALM HARBOR, FLORIDA 34685
MGR	RAYMOND OWEN
	13685 LAKESIDE PLACE
	WILLIS, TEXAS 77318
(Use attachment if necessa	ry)
•	•
ffective date is listed, the da	er than the date of filing: MARCH 1, 2006
LE V: Effective date, if oth	er than the date of filing: MARCH 1, 2006
LE V: Effective date, if oth fective date is listed, the da days after the date of filin	er than the date of filing: MARCH 1, 2006 . (OPTION te must be specific and cannot be more than five business days)
LE V: Effective date, if oth fective date is listed, the da days after the date of filin	er than the date of filing: MARCH 1, 2006 . (OPTION te must be specific and cannot be more than five business days)
LE V: Effective date, if oth fective date is listed, the da	er than the date of filing: MARCH 1, 2006 . (OPTION te must be specific and cannot be more than five business days)
LE V: Effective date, if oth fective date is listed, the date is listed, the date of filin REQUIRED SIGNATUR	er than the date of filing: MARCH 1, 2006 . (OPTION ate must be specific and cannot be more than five business days)
LE V: Effective date, if oth fective date is listed, the date is listed, the date of filin REQUIRED SIGNATUR	er than the date of filing: MARCH 1, 2006 . (OPTION te must be specific and cannot be more than five business days)
LE V: Effective date, if othe fective date is listed, the date of filing the date of fili	er than the date of filing: MARCH 1, 2006 . (OPTION ate must be specific and cannot be more than five business days)

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: