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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Panale Permits LLC (Name of Limited Liability Company)
(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:
KRISTEN K. Broadway (Name of Person)
(Name of Person)
Pahandle Permits LLC
12/1 Azalea Drive
(Address)
Tallahassel FL 32301
(City/State and Zip Code)
For further information concerning this matter, please call:
KRISTEN K. Broadway at (85) 251-8536 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & \$\sum \\$155.00 Filing Fee & \$\sum \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\sum \\$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 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:

Panhandle Perm 175 (Must end with the words "Limited Liability Company, "Limited Company," Limited Company, "Limited Company, "Limited Company," Limited Company, "Limited Company, "Limited Company," Limited Company, "Limited Company," Limited Company, "Limited Company," Limited Company, "Limited Com	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12/1 Azalea Drui	Game
Tallohasse, FL 32301	
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)  The name and the Florida street address of the reg	d Agent. You must designate an individual or another
1211 Azalea	Onice 12
Florida street address  City, State, and	ss (P.O. Box <u>NOT</u> acceptable)  FL 32301  Zip
Having been named as registered agent and to acc	cept service of process for the above stated limited

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..

liability company at the place designated in this certificate, I hereby accept the appointment as

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	KRISTEN K. Broadway 1211 Azalen Dn. Tali. Fi 32301
,	12/1 Azalea An.
	Tall. FC 32301
	<u> </u>
·	
(Use attachment if necessary)	
LE V: Effective date, if other than the	date of filing: (OPTION
fective date is listed, the date must b	e specific and cannot be more than five business da
days after the date of filing.)	
REQUIRED SIGNATURE:	-
	1/1/-0 1/10

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

21 11 117.01

LLAHASSEE FLORIDA

Typed or printed name of signee