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|---|
| (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: |
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2006 JUN 21 PH 3: 37
SECRETARY OF STATE
SECRETARY OF STATE

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TRANSMITTAL LETTER

| SUBJECT: | CHOICE | INVESTMENTS LLC | |
|---|---|-------------------------------|---|
| | (Name of Limi | ted Liability Company) | |
| The enclosed Article | s of Organization and fee(s) are | submitted for filing. | |
| | espondence concerning this mat | _ | |
| | _ | NARLA ENOU | |
| | ······································ | (Name of Person) | <u> </u> |
| | | , | |
| | | (Firm/Company) | |
| | | | |
| | Р | P. O. BOX 6157 | |
| · | | (Address) | is is |
| | | | L A |
| | PANAM | A CITY, FLORIDA 32404 | HASSI |
| | (Cit | ty/State and Zip Code) | SECRETARY OF STATE |
| For further informati | on concerning this matter, pleas | e call: | FLO FLO |
| | | | RID |
| CARL A. ENGH | | _at (_850) 231-1381 | |
| (N | ame of Person) | (Area Code & Daytime T | elephone Number) |
| Enclosed is a check | k for the following amount: | | |
| □ \$125.00 Filing F | ee 2 \$130.00 Filing Fee & Certificate of Status | Certified Copy | ☐ \$160.00 Filing Fee, Certificate of Status & |
| | | (additional copy is enclosed) | Certified Copy (additional copy is enclosed) |
| ST | REET ADDRESS: | MAILING A | ADDRESS: |
| Re | gistration Section | Registration S | Section |
| Division of Corporations 409 E. Gaines Street | | Division of C P.O. Box 632 | |
| Tallahassee, Florida 32399 | | | Florida 32314 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | | |
|--|---|---|--|--|
| CHOICE INVESTMENTS LLC | | | | |
| ARTICLE II - Address: The mailing address and street address of the | ne principal office of the Limited Li | ability Company is: | | |
| Principal Office Address: | Mailing Address: | | | |
| 221 PARKLAND AVENUE | P. O. BOX 6157 | | | |
| SARASOTA, FLORIDA 34232 | PANAMA CITY, FLORIDA 3240 | 4 | | |
| N 221 F Florida stree SARA | | 2006 JUN 21 PM 3: 37 SETURE TARY OF STATE ALMAHASSEE, FLORIDA | | |
| Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as | d to accept service of process for the d in this certificate, I hereby accept th acity. I further agree to comply with te performance of my duties, and I at | he appointment as In the provisions of all In familiar with and | | |

(CONTINUED)

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

| Title: | Name and Address: |
|--|--|
| "MGR" = Manager | |
| "MGRM" = Managing | g Member |
| MGRM | CARL A. ENGH |
| | P. O. BOX 6157 |
| | PANAMA CITY, FLORIDA 32404 |
| MGRM | CLARITA O. ENGH |
| | P. O. BOX 6157 |
| | PANAMA CITY, FLORIDA 32404 |
| | T ANAIMA OFF, I LONIDA 32404 |
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| | |
| (Use attachment if nec | essary) |
| NOTE: An addition: | al article must be added if an effective date is requested |
| REQUIRED SIGNA | riibe. |
| REQUIRED SIGNA | |
| | Calli. Engl |
| | |
| Signa | ature of a member or an authorized representative of a member. |
| of thi | ecordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury at the facts stated herein are true.) |
| | CARL A. ENGH |
| viole continuate | Typed or printed name of signee |
| Filing Fees: | |
| \$125.00 Filing Fee for of Registered \$ 30.00 Certified Cop | 5 |
| \$ 5.00 Certificate of | |

Page 2 of 2