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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | | |
| Special Instructions to Filing Officer: | | |
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Mark J. Fraser

Attorney at Law

5347 SW 91st Terrace, Suite A Gainesville, Florida 32608 Telephone (352) 367-0444 Facsimile (352) 367-9982

August 24, 2006

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed Articles of Organization for Florida Limited Liability company documentation for my client, TOMODACHI HOLDINGS, LLC.

If you have any questions regarding these papers, kindly call my assistant, Tracy Thorpe, or myself.

Very Truly Yours,

Mark J. Fraser, Esquire

MJF/ttt Enclosure 7006 AUG 29 AM ...

COVER LETTER

| TO: Registration Se Division of Co | | | | |
|---------------------------------------|---|---|--|----------------|
| SUBJECT: TON | Name of Limite | HOLDINGS, d Liability Company) | LLC | |
| The enclosed Articles of | f Organization and fee(s) are s | ubmitted for filing. | | |
| Please return all corresp | ondence concerning this matte | er to the following: | | |
| | JEFFRE | A HOELZE Name of Person) | ER | _ |
| | (| Firm/Company) | | |
| P.O. | Box 147 | (Address) | | _ |
| | ARCHER F | L 32618 /State and Zip Code) | ~ | . |
| | (City | /State and Zip Code) | | SE |
| | concerning this matter, please | | AU6 28 | ON OF C |
| JEFFRE) | HOEZEK | at (<u>352</u>) <u>495</u> (Area Code & Daytime Te | -0802 | ORPOS ORPOS |
| (Name | or Person) | (Area Code & Daytime Te | elephone Number) | TATE |
| Enclosed is a check for | or the following amount: | | ယ | * |
| □ \$125.00 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 | าร | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

is:

| The name of the | Limited | Liability | Company |
|-----------------|---------|-----------|---------|
| | | | |

TOMODACHI HOLDINGS, LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

ARTICLE I - Name:

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

| Principal Office Address: | Mailing Address: |
|--|---|
| 16614 SW 7944 AVE ARCHEL, FL 32618 | P.O. BOX 147 ARCHOR, FC 32618 |
| ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.) The name and the Florida street address of the | stered Agent. You must designate an individual or another 027 |
| JEFFREY H | ······································ |
| 16614 Sw 7 | 79+6 AUE. Idress (P.O. Box NOT acceptable) |
| ARCHE R City, State, | FL 326/8 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 (REQUIRED

(CONTINUED) Page 1 of 2

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|--|--|
| "MGRM" = Managing Member | |
| MGR | JEFFREY C. HOELZER PO BOY 147 ARCHER FLA. 32618 |
| MGRM | Lynn G. Hoelzer Po Box 147 |
| m G Rm | ARCHER, FLA. 32618 CRAIG C. HOELZER PO BOX 147 HRCHER, FLA. 32618 |
| mGRM | Michael J. Hoelzer Po Box 147 ARCHER FLA. 32618 |
| (Use attachment if necessary) | |
| ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must b to or 90 days after the date of filing.) | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior |
| REQUIRED SIGNATURE: | אינכ 200 |
| 1.16. | To an authorized representative of a member. |
| Signature of a period | r or an authorized representative of a member. |
| (In accordance with see of this document const that the facts stated h | ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury herein are true.) |
| <u> </u> | Ped or printed name of signee |
| Filing Fees: | - |

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

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

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