# 070000 import

#### Florida Department of State

Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000027844 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)205-0383

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003235

Phone

: (305)634-3694

Fax Number

: (305)633-9696

### FLORIDA/FOREIGN LIMITED LIABILITY CO.

chickens & roosters II, llc

Certificate of Status	,,, 22 ,	0
Certified Copy		1
Page Count	1	03
Estimated Charge		\$155.00

Electronic Filing Menu

Corporate Filing Menu

1/21/2007 11.26 ARA 1902-12-NAU

EMP I RE

l of 1 £01/03

# 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

CHICKENS & ROOSTERS II, LLC

#### ARTICLE I

The name of the Limited Liability Company shall be: CHICKENS & ROOSTERS II, LLC

#### ARTICLE II

The Company is organized for any legal and lawful purpose for a which a limited liability company may be organized pursuant to the Act.

#### **ARTICLE III**

The mailing address and street address of the principal office of the Limited Liability Company: 1750 FRANKFORD AVENUE, SUITE F, PANAMA CITY, FL 32411.

#### ARTICLE IV

The name and the Florida street address of the registered agent: RAYMOND STEINBRECHER, 1404 TROUT DRIVE, PANAMA CITY, FL 32411.

HO7 000027844

#### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

CHICKENS & ROOSTERS IT, LLC.
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

PRYMOND STENBRECHTER
Registered Agent

Signature of Amember of an amhorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of penjury that the facts stated herein are true.)

Paymour STENBLE HEAL
Typed or printed name of signer

HO7 0000 27844

The modifications