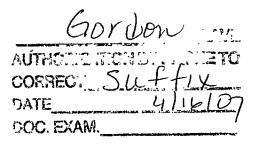
L0700040233

(Re	equestor's Name)			
(Ad	dress)			
, · (Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only





100096217551

04/11/07--01012--003 **125.00

FILED

07 APR 11 AM 9: 46

SECRETARY OF STATE
AND ARREST FLORIDA



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Kynfyske Ceremonial Grounds (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:					
Gordon Lightfoot Fay (Name of Person)					
(Firm/Company)					
(
507 N. Ferdon Blvd					
CVESTVILW, FL 32536 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Angel Fay at (850) 398 - (0016 (Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$125.00 Filing Fee Scrifficate of Status Status Stat					
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Lia	bility Company is:	•	
Kunfuske	Ceremonial	Grounds	LLC

ARTICLE II - Address:

ARTICLE I - Name:

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

Prin	cinal	Office	Address:
FFIII	CUDNI	₹ J111E'€.	AHUTESS:

Mailing Address:

507 N. Ferdon Blvd Crestview, FL 32536

507 N. Ferdon Blvd Crestview, FL 32536

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Gordon Lightfoot Fay

Florida street address (P.O. Box NOT acceptable)

City State and Zin

07 APR 11 AM 9: 46
SECRETARY OF STATE
TALLAHASSEE, FLORID

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..

(CONTINUED)

Registered Agent's Signature

Page 1 of 2

- ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Mekko Locv Haco-Gordon Fay 700 Green Aeres pd Atmore, AL 34502 MGR Chris Sewell 529 E. 645t. Claremore, OK 74017 MGRM (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. **REQUIRED SIGNATURE:** Signature of a member or a authorized 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 perjury that the facts stated herein are true.) Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2