L07000065194

(Reques	tor's Name)	
(Addres	s)	
(A-1-1		
(Addres	s)	
(City/Sta	ite/Zip/Phone	e #)
(5.9, 5.1	,	,
PICK-UP	WAIT	MAIL.
(Busine	ss Entity Nan	ne)
,		•
(Document Number)		
		•
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
	-	

Office Use Only



300104315153

06/20/07--01005--012 **125.00

07 JUN 20 AM 10: 40
SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registratio Division of	n Section Corporations
SUBJECT:	Douglas Pethan LLC (Name of Limited Liability Company)
The enclosed Article	s of Organization and fee(s) are submitted for filing.
•	Please return all correspondence concerning this matter to the following:
٠	Drughs Pelhan (Name of Person)
·	Doughs Rethan LLC (Firm/Company)
	PO BUX 173 (Address)
	(Address) Graceville FC 32440 (City/State and Zip Code)
for further information	concerning this matter, please call:
Douglas A	2/ham at 850 326-1274 (Area Code & Davime Telephone Number)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Douglas Pelham LLC	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
	PO BOX 123
4564-C Smokey Rd	braceville FL 32440
4564-C Smokey Rd Graceville FL 3440	····
ARTICLE III - Registered Agent, Registered Countries and the Florida street address of the registered Douglas Pethonical Name 4564 C Shok Florida street address (P.O. 3	ristered agent are:
Grace Ville City, State, and	FLORIDA 12940

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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Douglas felham PO Bux 173 braceville fe 3440
· :	
(Use attachment if necessary)	
(· · · · · · · · · · · · · · · ·	

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 508.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ocuclas Pelham
Ulyped or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)