## 107000/26888

(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:						
,						
11.0						
11/08						
EFFECTIVE DATE						
EFFECTIVE DATE 1108						

Office Use Only



800113227008

12/21/07--01014--015 \*\*125.00



#### COVER LETTER

TO:	Registration S Division of Co						
SUBJ	ROTE PALM	ERS PRO SHOP I	LLC				
SUBJ	ECI: Tari		ed Liability Compa	ny)		<del></del>	
The en	nclosed Articles o	f Organization and fee(s) are	submitted for filing	<del>,</del> .			
Please	return all corresp	ondence concerning this matt	ter to the following	:			
	PALMER A	A. FALLGREN					
			(Name of Person)		<del> </del>		
	PALMERS	S PRO SHOP					
	(Firm/Company)						
	922 83RD STREET NW						T DEC 21 AH 10: 35
			(Address)				2
	BRADENTON, FL 34209						
		(Cit	y/State and Zip Code	)		LOA	ب یں
For fu	rther information	concerning this matter, please	e call:			Şm	J
PAL	MER A. F	ALLGREN	at ( 941	761-059	1		
	(Name	of Person)	(Area Code	& Daytime Tel	ephone Number)	_	
Enclo	sed is a check for	or the following amount:					
<b>✓</b> \$125	.00 Filing Fcc	S130.00 Filing Fee & Certificate of Status					
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division o Clifton B 2661 Exe	ourier Address on Section of Corporations uilding cutive Center Cee, FL 32301	s		

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

#### PALMERS PRO SHOP LLC

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

#### **ARTICLE II - Address:**

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

### Principal Office Address: 4208 CORTEZ ROAD WEST

Mailing Address:

922 83RD STREET NW BRADENTON, FL 34209

BRADENTON, FL 34210

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

PALMER A. FALLGREN

Name

922 83RD STREET NW

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

BRADENTON, FL 34209

City, State, 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 find the agree to complex 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.

coistered Agent's Signature (REQUIREE

(CONTINUED)

Page 1 of 2

# Title: "MGR" = Manager "MGRM" = Managing Member MGR PALMER A. FALLGREN 922 83RD STREET NW BRADENTON, FL 34209

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JAN 1, 2008 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

#### **REQUIRED SIGNATURE:**

Signature of a member or an 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.)

#### PALMER A. FALLGREN

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)

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

\$ 5.00 Certificate of Status (Optional)