

W08 000000 1886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

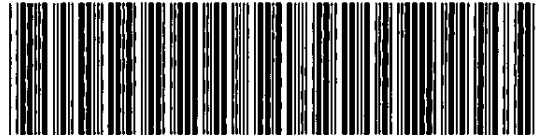
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200113376702

12/26/07--01016--011 \*\*125.00

FILED

2007 DEC 26 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W08-1886

EFFECTIVE DATE  
01/01/08



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 27, 2007

RONALD MARTIN  
P.O. BOX 359  
GREENWOOD, FL 32443

SUBJECT: THE PENGUIN CO, LLC  
Ref. Number: W07000062122

We have received your document for THE PENGUIN CO, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit of letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is G25988.

Please return your document, along with a copy of this letter, within 60 days; your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 507A00071720

2007 DEC 26 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED...

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Penguin Co, LLC  
(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:

Ronald Martin  
(Name of Person)

The Penguin Co LLC  
(Firm/Company)

PO Box 359  
(Address)

Greenwood FL 32443  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ronald Martin at (850) 482-3041  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2007 DEC 26 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

The Rontermal Penguin Co 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:

3400 Harden Ct  
Marianna FL 32446

#### Mailing Address:

PO Box 359  
Greenwood FL 32443

### 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.)

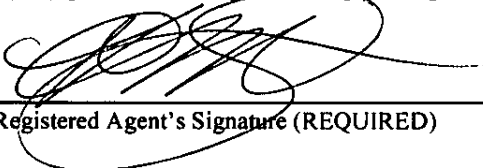
The name and the Florida street address of the registered agent are:

Ronald Martin  
Name

3400 Harden Ct  
Florida street address (P.O. Box **NOT** acceptable)

Marianna FL  
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 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)

FILED  
2007 DEC 26 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Ronald Martin  
PO Box 359  
Greenwood FL 32443

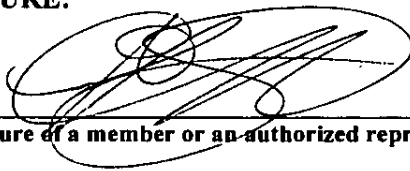
MGRM

Terri Martin  
PO Box 359  
Greenwood FL 32443

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/01/08. (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.)

Ronald Martin  
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)**

FILED  
2007 DEC 26 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA