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

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DIVISION OF CORPORATIONS

08 JAN 18 PM 2:37

J. BRYAN

JAN 2 2 2008

EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Ante	Ope Enterpri	ises LLC	
	(Name of Limit	ed Liability Company)	
The enclosed Articles of O	rganization and fee(s) are	submitted for filing.	
Please return all correspond	dence concerning this mat	ter to the following:	
Ronn	ld D. Norke	s, TR.	
Ante	lope Enterpri	ises 111	
	go Dinongia	(Firm/Company)	
477	Kennwood H	<i>venve</i>	OB SE
		(Address)	安縣
Merk	it Island.	FL 32952 y/State and Zip Code)	SION OF CORPORATIONS B JAN 18 PM 2: 97
	(Cit	y/State and Zip Code)	PA
			22 2
For further information cor	cerning this matter, please	e call:	9
Ronald D. Non	RB, JR.	at (<u>32/</u>) <u>5/4-3</u> (Area Code & Daytime Telep	3645
(Name of	Person)	(Area Code & Daytime Telep	hone Number)
Enclosed is a check for t	he following amount:		
\$125.00 Filing Fee	-	\$155.00 Filing Fee &	\$160.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327	Clifton Building	
•	Tallahassee, FL 32314	2661 Executive Center Ci	rcle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Com	pany is:
Antelope Enterpris	res LLC nited Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Lin	nited 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:	Mailing Address:
477 Kennwood Avenue Merkitt Island, FL 3293	477 Kennwood, Avenue Merkitt Island, FL 32952
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	
The name and the Florida street address	三 美丽
Kon#ld L	None Name
477_Ken/	nwood Avenue street address (P.O. Box NOT acceptable)
Merzitt Ci	Ts/And, FL 32952 ty, State, and Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	at and to accept service of process for the above stated limited that and this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S
egistered Ager	ot's Signature (DEG) (IDED)

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 Membe	Name and Address:
MGRM	Ronald Dale Norris TR. 477 Kennwood Avenue Merrit Island, FL 32952
(Use attachment if necessary)	
LE V: Effective date, if other the	han the date of filing: (OPTIONA must be specific and cannot be more than five business day
CLE V: Effective date, if other the frective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	han the date of filing: (OPTIONA must be specific and cannot be more than five business day
CLE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a In accordance of this docume that the facts	han the date of filing: (OPTIONA

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)