

L080000/4211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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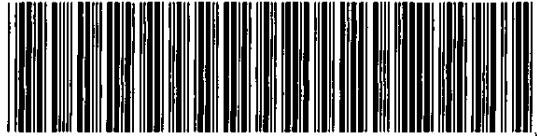
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE

FEB 07 2008

EXAMINER

The Law Office Of
Kristi M.
Odom, P.A.
ATTORNEY AT LAW

*KRISTI M. ODOM
*ALSO ADMITTED IN ALABAMA

P.O. Box 1129
CHIPLEY, FLORIDA 32428-1129
(850) 638-7587
FAX (850) 638-3409

February 5, 2008

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Featherstone Products, LLC

Dear Sir or Madam:

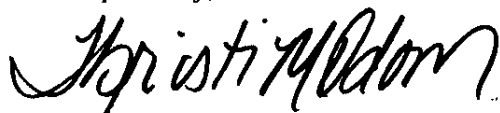
Enclosed are the Articles for Featherstone Products, LLC, along with a filing fee of \$125.00 for the articles and the Certificate of Registered Agent

Please return all correspondence concerning this matter to the following:

The Law Office of Kristi M. Odom, P.A.
Post Office Box 1129
Chipley, Florida 32428

For further information concerning this matter, please call: (850) 638-7587

Respectfully,


Kristi M. Odom

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
FEATHERSTONE PRODUCTS. LLC

ARTICLE I - NAME

The name of the limited liability company is Featherstone Products. LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

684 7th Street
Chipley, FL 32428

Mailing Address:

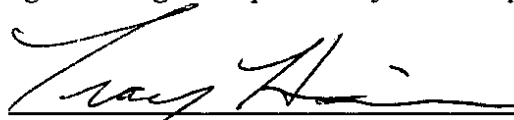
684 7th Street
Chipley, FL 32428

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Tracy Brandon Hinote
684 7th Street
Chipley, Florida 32428

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..



Tracy Brandon Hinote

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TALLAHASSEE, FLORIDA

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

James Caudle (49%)
1509 Clayton Road
Chipley, Florida 32428

MGMR

Tracy Hinote (51%)
684 7th Street
Chipley, Florida 32428

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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.)

TRACY HINOTE

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

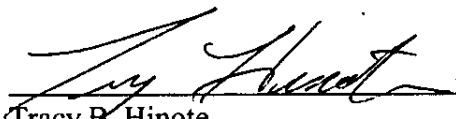
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY Featherstone Products. LLC, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is Featherstone Products. LLC.
2. The name and the Florida street address of the registered agent and office are:

Tracy B. Hinote, 684 7th Street, Chipley, Florida 32428

(Post office box is NOT acceptable.)

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.



Tracy B. Hinote
Registered Agent

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TALLAHASSEE, FLORIDA