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SECKETÄRY OF STATE
TALLAHASSEE, FLORID

Service Service

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PENDLETON'S MANAGEMENT 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:
JIMMY WEAVER (Name of Person)
(Name of Person)
WEAVER OIL CO. (Firm/Company)
(Firm/Company)
3305 CAPITAL CIR N.E SUITE #204
TALLA HASSEF, FL, 32308
(City/State and Zip Code)
For further information concerning this matter, please call:
TIMMY WEAVER at (850) 591-6910 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Pivision 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



January 29, 2008

JIMMY WEAVER 3305 CAPITAL CIRCLE NE, STE. 204 TALLAHASSEE, FL 32308

SUBJECT: PENDLETON'S MANAGEMENT CO. LLC

Ref. Number: W08000004960

We have received your document for PENDLETON'S MANAGEMENT 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 28, 2008. Please amend your document accordingly.

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

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 608A00006069

Leslie Sellers Regulatory Specialist II

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
PENDLETONS MANAGEMENT (Must end with the words "Limited Liability Company," Limited Company" or their a	CO. LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the mailing address and street address of the principal office of the principal offic	
Principal Office Address: Mailing Addre	ess:
53 MARKET ST P.O. BOX	12279 ASSEE
APALACHICOLA, FL FL. 323	17
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registered Agent. You must business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent a	re:
JIMMY WEAVER	<u></u>
Name	
	
Florida street address (P.O. Box NOT	- •
TALLAHASS F.F. FL 3230 City, State, and Zip	<u> </u>
Having been named as registered agent and to accept service of pliability company at the place designated in this certificate, I have registered agent and agree to act in this capacity. I further agree statutes relating to the proper and complete performance of my accept the obligations of my position as registered agent as present accept the obligations of my position as registered agent as present accept the obligations of my position as registered agent as present accept the obligations of my position as registered agent as present accept the obligations of my position as registered agent and to accept service of places and the accept the accept the accept the acceptance of the acceptance acc	ereby accept the appointment as to comply with the provisions of all duties, and I am familiar with and
J. Weaun	2008 FEB SECRET
Registered Agent's Signature (REQUIRED)	S S S S S S S S S S S S S S S S S S S
(CONTINUED)	PM 12: 2
Page 1 of 2	≅ ∃ ~

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:	
MGR	JIMMY PENOLETON P.O.BOX 12279 TALLAHASSEE, FL 32317	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date of filing: (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.)		
	I or printed name of signee ALLAHASS ation and Designation	
Filing Fees:	A B T	
\$125.00 Filing Fee for Articles of Organiz of Registered Agent		
\$ 30,00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	PMI2: 2 OF STATE E. FLORIE	