

LD80000017149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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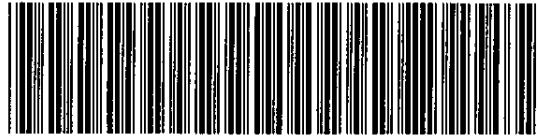
Special Instructions to Filing Officer:

**L. SELLERS**

FEB 18 2008

**EXAMINER**

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2008 FEB 14 PM 4: 14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ROY W. COHN, PLC  
Attorney at Law  
2406 Watrous Avenue  
Tampa Florida 33629**

Roy W. Cohn  
e-mail: [rcohn53@msn.com](mailto:rcohn53@msn.com)  
telephone and fax: 813-254-2361

February 13, 2008

Department of State  
Division of Corporations, Registration section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Via FedEx**

Re: 2 P's In a Pad, LLC

Dear Sir/Madam,

The enclosed Articles of Organization are submitted for filing. Also enclosed is a check in the amount of \$130 in payment for the filing fee, the Registered Agent Fee and a Certificate of Status. Please return all correspondence concerning this matter to the following:

Roy W. Cohn  
2 P's In a Pad, LLC  
35100 SR 64 East  
Myakka City, FL 34251

Please contact me if you have any questions or if anything further is required. Thank you for your assistance.

Sincerely,



Roy W. Cohn

**ARTICLES OF ORGANIZATION  
OF  
2 P's In a Pad, LLC**

**ARTICLE I**

**NAME**

The name of the Limited Liability Company is **2 P's In a Pad, LLC**.

**ARTICLE II**

**ADDRESS**

The mailing address of the Limited Liability Company's principal office is 22455 CR 675, Myakka City, FL 34251.

The street address of the Limited Liability Company's principal office is 22455 CR 675, Myakka City, FL 34251.

**ARTICLE III**

**DURATION**

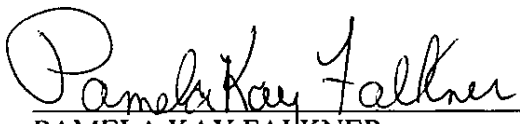
The period of duration for the Limited Liability Company shall be perpetual.

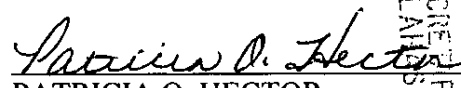
**ARTICLE IV**

**MANAGEMENT**

The Limited Liability Company is to be managed by the member who is designated, appointed, or elected to act as the managing member in accordance with the Operating Agreement of the Limited Liability Company.

In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
PAMELA KAY FALKNER  
Authorized Representative

  
PATRICIA O. HECTOR  
Authorized representative

2008 FEB 4 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

UNDER THE PROVISIONS OF F.S. 608.415, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the limited liability company is 2 P's In a Pad, LLC.

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

Roy W. Cohn  
35100 S.R. 64 East  
Myakka City, FL 34251

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.

2 P's In a Pad, LLC

By: Patricia O. Hector  
PATRICIA O. HECTOR

By: Pamela Kay Falkner  
PAMELA KAY FALKNER

Roy W. Cohn  
ROY W. COHN  
Registered Agent

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