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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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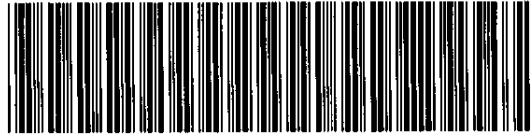
(Business Entity Name)

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08 MAR 25 PM 4:23  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 MAR 25 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR  
MAR 26 2008  
EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **BIG POND PRODUCTS, 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:

**Chad Guice**

(Name of Person)

**Pennington Law Firm**

(Firm/Company)

**215 S. Monroe Street, 2nd Floor**

(Address)

**Tallahassee, FL 32301**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Chad Guice**

(Name of Person)

at ( **850** ) **222-3533**

(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

**FILED**  
08 MAR 25 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**

**OF**

**BIG POND PRODUCTS, LLC**

**FILED**  
08 MAR 25 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act" for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is BIG POND PRODUCTS, LLC (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

The purpose for which the Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. ADDRESS OF PLACE OF BUSINESS.

The mailing and street address of the place of business in

Florida for the Company is 1621 Capital Circle NE, Suite 10, Tallahassee, Florida 32308. Such address may be changed from time to time as provided in the Operating Agreement.

5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: Tom Cooksey, and the initial registered office is located at 1621 Capital Circle NE, Suite 10, Tallahassee, Florida 32308.

6. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and the agreed value of property other than cash contributed to the Company is as follows: One hundred and No/100 Dollars (\$100.00) in cash.

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

8. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written

consent of all the remaining Members of the Company.

9. MANAGEMENT.

The Company shall be member managed.

10. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Manager or former Manager to the full extent permitted under the Florida Limited Liability Company Act.

11. EFFECTIVE TIME.

These Articles shall be effective when filed with the Florida Department of State.

Executed at Tallahassee, Florida, on the \_\_\_\_\_ day of March, 2008.

Tom Cooksey, MEMBER

FILED  
08 MAR 25 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF **FLORIDA**,

COUNTY OF Leon.

The foregoing instrument was acknowledged before me this 25<sup>th</sup> day of March, 2008, by Tom Cooksey, a member Big Pond Products, LLC, a Florida limited liability company, on behalf of the company. He is personally known to me or has produced Fl. Drivers License as identification.

NOTARY PUBLIC - STATE OF FLORIDA  
(SEAL)

Holly S. Schack

Print, Type or Stamp Name of Notary Public Holly S. Schack



CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.


1. The name of the company is: Big Pond Products, LLC
2. The name and address of the registered agent and office is:

Tom Cooksey

(NAME)

1621 Capital Circle NE, Suite 10  
(P.O. BOX NOT ACCEPTABLE)

Tallahassee, Florida 32308  
(CITY/STATE/ZIP)

  
Tom Cooksey, Member

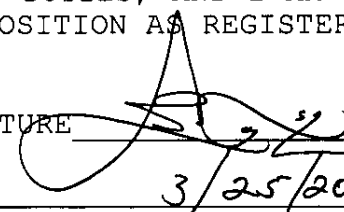
DATE

3/25/2008

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.

SIGNATURE

DATE

  
3/25/2008

REGISTERED AGENT FILING FEE: \$25.00