## L08000057909

| (Requestor's Name)                      |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |
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|   |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| · · · · <u></u>                         |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
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| (Document Number)                       |  |  |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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## **COVER LETTER**

| v   |           | Registration Sect<br>Division of Corp |  |                |  |   |  |   |
|---|-----------|---------------------------------------|--|----------------|--|---|--|---|
| SUBJECT: PENNENGTON STEAM, LLC  |           |                                       |  |                |  |   |  |   |
| SUBJECT: ENNLY (100 ) (Name of Limited Liability Company)                 |           |                                       |  |                |  |   |  |   |
|   |           |                                       |  |                |  |   |  |   |
|   | The enclo | sed Articles of O                     | rganization and fee(   | s) are submitt | ed for filing.   |   |  |   |
|   | Please re | •                                     | dence concerning thi   |                | =  |   |  |   |
| LISA JAMES - PENNINGTON (Name of Person)                                  |           |                                       |  |                |  |   |  |   |
| (Name of Person)  PENNINGTON STEAM LLC  (Firm/Company)                    |           |                                       |  |                |  |   |  |   |
|   |           |                                       |  |                |  |   |  | (Firm/Company)  112 BLACKSTOWE DR.  (Address) |
|   |           |                                       |  | (Ad            | dress)   |   |  |   |
| FT. MYERS FL 33913 (City/State and Zip Code)                              |           |                                       |  |                |  |   |  |   |
| (City/State and Zip Code)   |           |                                       |  |                |  |   |  |   |
|   |           |                                       |  |                |  |   |  |   |
| (Name of Person) at (239) 265-1262 (Area Code & Daytime Telephone Number) |           |                                       |  |                |  |   |  |   |
|   |           |                                       |  |                |  |   |  |   |
|   | □\$125.00 | Filing Fee                            | \$130.00 Filing Fe<br>Certificate of State   |                | 55.00 Filing Fee & rtified Copy ditional copy is enclosed)   | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |   |
|   |           | I                                     | Mailing Address Registration Section Division of Corporat P.O. Box 6327 Fallahassee, FL 3231 |                | Street/Courier Addre<br>Registration Section<br>Division of Corporation<br>Clifton Building<br>2661 Executive Center<br>Tallahassee, FL 3230 | ons<br>r Circle   |  |   |

May be a second of the second of the second



June 3, 2008

LISA JAMES-PENNINGTON 112 BLACKSTONE DRIVE FT. MYERS, FL 33913

SUBJECT: PENNINGTON STEAM, LLC

Ref. Number: W08000027060

We have received your document for PENNINGTON STEAM, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6067.

Letter Number: 408A00034508

Neysa Culligan Document Specialist

Division of Corporations - P.O. BOY 6397 - Tallahasson Florida 39314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:<br>The name of the Limited Lia | bility Company is:                      |  |  |
|--|---|--|--|
| (Must end with t                                 | NGTON STEAM<br>he words "Limited Liabil | lity Company, "L.L.C.," or "LLC.")   | ·  |
| ARTICLE II - Address:                            |   | rincipal office of the Limited   | Liability Company is:                                  |
| Principal Office Address:                        |   | Mailing Address:   |  |
| 112 BLACKSTONE<br>FT MYERS FL                    | <u> 33913</u>                           | 112 BUCKSTONE DR<br>FRMYERS FL 3   | 3913   |
|  | ot serve as its own Regist              | l Office, & Registered Agentered Agentered Agent. You must designate an in |  |
| The name and the Florida str                     | eet address of the r                    | registered agent are:  | TALE SE  |
|  | ISA SIMES-PO<br>Name                    | ENNINGTUN  | B JUN 12 PM 3: 39 SECRETARY OF STATE ALLAHASSEE FLORIE |
|  | 112 BLAUESTON                           | •  | SAN P  |
|  |   | dress (P.O. Box NOT acceptable)  | TEST 49  |
|  | City, State,                            | FL 33913<br>and Zip  | 39<br>ATE  |
| TY   |   |  | L 1 1 12 24 J  |

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..

Registered Agent's Signature (REQUIRED)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)