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(City/State/Zip/Phone #)

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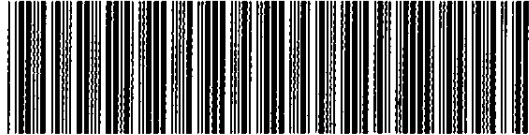
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

JUL 14 2008

EXAMINER

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Western Frontier, 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:

Cristyl L. Hill  
(Name of Person)

Western Frontier, LLC  
(Firm/Company)

29 Frontier Drive  
(Address)

Palm Coast, Florida 32137  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cristyl Hill  
(Name of Person)

at ( 386 ) 503-8544  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**Article I** - The name of this limited liability company is:

WESTERN FRONTIER, LLC.

**Article II** - The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing and Principal Office  
29 Frontier Drive  
Palm Coast, Florida 32137

**Article III** - Registered Agent, Registered Office, and Registered Agent's Signature:

Cristyl L. Hill  
29 Frontier Drive  
Palm Coast, Florida 32137

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 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.

*Cristyl L. Hill*  
\_\_\_\_\_  
Registered Agent's Signature

**Article IV** - Managing Member:

Cristyl L. Hill  
29 Frontier Drive  
Palm Coast, Florida 32137  
(386) 503-8544

**REQUIRED SIGNATURE:**

*Cristyl L. Hill*  
\_\_\_\_\_  
Signature of member or an authorized representative member  
Cristyl L. Hill

FILED  
JUL 11 PM 12:04  
CLERK OF STATE  
TALLAHASSEE FLORIDA