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(Address)

(City/State/Zip/Phone #)

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2009 SEP - 5 P 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fe'daire, 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:

J. Gordon Shuler, Esquire

(Name of Person)

Shuler and Shuler

(Firm/Company)

Post Office Drawer 850

(Address)

Apalachicola, Florida 32329

(City/State and Zip Code)

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2000 SEP -5 P 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

J. Gordon Shuler

(Name of Person)

at (850) 653-9226

(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

LAW OFFICES
SHULER AND SHULER
34 FOURTH STREET
POST OFFICE DRAWER 850
APALACHICOLA, FLORIDA 32329

J. GORDON SHULER
THOMAS M. SHULER
—
OF COUNSEL
ALFRED O. SHULER

TELEPHONE: (850) 653-9226
FACSIMILE: (850) 653-3362

September 4, 2008

Registration Section
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

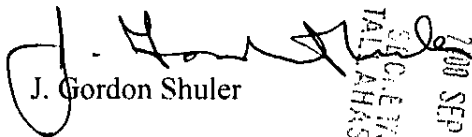
Re: Fe'daire, LLC

Dear Sir/Madam:

Enclosed you will find the Articles of Organization for Florida Limited Liability Company. You will also find enclosed a cover letter and a check payable to the Florida Department of State in the amount of \$125.00, for your filing fee.

Thank you for your attention to this, and please let me know if you need any additional information.

Sincerely,


J. Gordon Shuler

JGS: bfs
Enc: As Stated
xc: Mr. Kerry Feder
246 Prado Street
Apalachicola, Florida 32320

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CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fe'daire, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

246 Prado

Apalachicola, Florida 32320

Mailing Address:

246 Prado

Apalachicola, Florida 32320

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Kerry Feder

Name

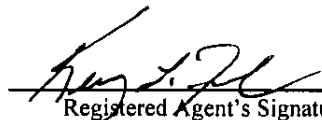
246 Prado

Florida street address (P.O. Box **NOT** acceptable)

Apalachicola FL 32320

City, State, and Zip

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)

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGRM

Kerry Feder

246 Prado

Apalachicola, Florida 32320

(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.)

Kerry Feder

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)