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| Special Instructions to Filing Officer: |
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C. LEWIS

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EXAMINER

COVER LETTER

| TO: Registration Division of | n Section Corporations | | |
|------------------------------|---|--|--|
| SUBJECT: | E.&T. Ente (Name of Limite | rprises, L.L. (ad Liability Company) | 2 |
| The enclosed Articles | s of Organization and fee(s) are s | submitted for filing. | |
| Please return all corre | espondence concerning this matter | er to the following: | |
| | 15 Tammie L. Si | Mith (Name of Person) | |
| | Downtown De | Li_E_Market | · |
| | 1609 Hendry | Street (Address) | |
| | Fort Myers | FL. 33901 //State and Zip Code) | |
| For further information | on concerning this matter, please | e call: | |
| Tammie | Smith me of Person) | at (<u>727</u>) <u>483</u> - (Area Code & Daytime Te | 3433_ lephone Number) |
| Enclosed is a check | for the following amount: | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | S155.00 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ıs |



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 7, 2008

MS. TAMMIE L. SMITH 1609 HENDRY STREET FORT MYERS, FL 33901

SUBJECT: E. & T. ENTERPRISES, L.L.C.

Ref. Number: W08000050896

We have received your document for E. & T. ENTERPRISES, L.L.C. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L04000074495.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis Regulatory Specialist II Registration Section

Letter Number: 808A00056565

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|---|
| The name of the Limited Liability Company is: | |
| | |
| E. & T. Enter prises! (Must end with the words "Hinnited Liability ! | L,L,C, |
| (Must end with the words "Limited Liability C | onipany, "L.L.C." or "LLC.") |
| Approcent | |
| ARTICLE II - Address: | nal office of the Lamited Liebility Common in |
| The mailing address and street address of the princi | par office of the Limited Liability Company is: |
| Principal Office Address: M | ailing Address: |
| 1609 Hendry St. Fort Myers, FL. | 1609 Hendry St. Fort Myers, FL 33901 |
| ARTICLE III - Registered Agent, Registered Off (The Limited Limbility Company cannot serve as its own Registered business entity with an active Florida registration.) | fice, & Registered Agent's Signature: Agent You must designate an individual or another |
| The name and the Florida street address of the regis | tered agent are. |
| M5 Tammie L. Sn. | SE F |
| | cres Circle (P.O. Box NoT acceptable) 33903 |
| N. Fort Myers, FI. | 33903 BH 5 |

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

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

FILED

| <u>Title:</u> "MGR" = Mar | 10/Jar | Name and Address: | 2000 NOV 14 | AM 10 |
|---|--|--|---------------------------------------|-----------------|
| | lanaging Member | | SECRETARY TALLAHASSEI | S FLOS |
| <u>MGR</u> | | Tammie L.S 3979 Hidden | mith Ocres Circle | <u> </u> |
| | | North Fort My | 1E15, FL 35 | 705 |
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)