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

J. BRYAN
NOV 1 8 2008
EXAMINER

COVER LETTER

| | ion Section of Corporations | | |
|-----------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| SUBJECT: | (Name of Liplited L | iability Company) | |
| The enclosed Articl | les of Organization and fee(s) are sub | nitted for filing. | |
| Please return all con | rrespondence concerning this matter to | o the following: | |
| | Leighton Lang | me of Person) | 88 NO 17 |
| | Leighton Laugh | Brd LLC | |
| | | | 9:56 |
| ·············. | 260 /4 My 12. | Address) | Total |
| | Montice Clo EL (City/Sta | 32344 Ite and Zip Code) | |
| For further informat | tion concerning this matter, please cal | (Area Code & Daytime Telephon | 77 ne Number) |
| Enclosed is a chec | k for the following amount: | | |
| \$125.00 Filing Fe | Certificate of Status | Certified Copy Ce (additional copy is enclosed) | 60.00 Filing Fee, ertificate of Status & ertified Copy dditional 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

ARTICLES OF ORGANIZATION FOR

LEIGHTON LANGFORD, LLC (A FLORIDA LIMITED LIABILITY COMPANY)



The name of the Limited Liability Company is LEIGHTON LANGFORD, LLC.

Article 2.

The street address of the principal office of the Limited Liability Company is 260 Holly Rd., Monticello, FL 32344.

The mailing address of the principal office of the Limited Liability Company is 260 Holly Rd., Monticello, FL 32345

Article 3.

The Limited Liability Company is organized for the purpose of conducting any lawful business.

Article 4.

The authorized registered agent for the Limited Liability Company is Leighton A. Langford, 260 Holly Rd., Monticello, FL 32344.

Having been named as registered agent and to accept service of process for the above named 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.

Registered Agent

Leignion A. Langford

, Member

Leighton A. Langford