

LU8000116700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

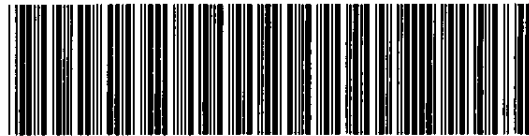
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Please call
when ready
425-5421

Office Use Only



900139225229

12/24/08--01005--011 **155.00

RECEIVED

08 DEC 24 AM 11:31

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 DEC 24 PM 12:35

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

DEC 24 2008

EXAMINER

AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5421

December 24, 2008

FILED
08 DEC 24 PM 12:35
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Secretary of State
2661 Executive Center Circle West
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: **PL/E4, LLC**

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for **PL/E4, LLC**, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company. Also enclosed is our check in the amount of:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certified Copy & Certificate of Status (additional copy enclosed)
---	--	--	---

Please do not hesitate to call me at (850) 425-5421 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Judy McKee
Legal Assistant

/jm

Enclosures

h:\cda\cda\pickett's\sos ltr 20081224 pl e4 llc arts.doc

**ARTICLES OF ORGANIZATION
OF
PL/E4, LLC**

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.
Name**

The name of the Limited Liability Company is **PL/E4, LLC**.

**ARTICLE 2.
Address**

The street address of the place of business in Florida is:

227 South Calhoun Street
Tallahassee, Florida 32301-1850

The mailing address of the business in Florida is:

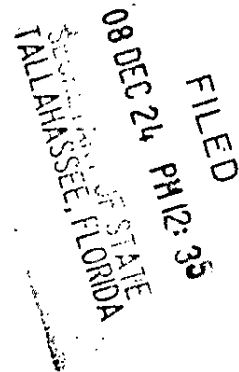
P.O. Box 391
Tallahassee, Florida 32302-0391

**ARTICLE 3.
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

DuBose Ausley
227 South Calhoun Street
Tallahassee, Florida 32301-1850

Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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, Florida Statutes.



DuBose Ausley Registered Agent

**ARTICLE 4.
Management**

The name and address of Managing Member are as follows:

DuBose Ausley, MGRM

227 South Calhoun Street
Tallahassee, Florida 32301-1850

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 24th day of December, 2008.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.



DuBose Ausley, Member