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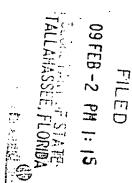
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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B. KOHR

FEB - 3 2009

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	FFP THREE,LLC
30141	(Name of Limited Liability Company)
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	JEFFREY HENDERSHOT C/O JULES ROSS
	(Name of Person)
	FFP THREE,LLC
	(Firm/Company)
	484 SPINNAKER DR
	(Address)
	WESTON ,FL 33326
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
JUL	ES ROSS at (954) 646-9604
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	ed is a check for the following amount:
]\$ 125.	00 Filing Fee
	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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:
FFP THREE,LLC	
(Must end with the words "Limited Liab	sility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the r	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
484 SPINNAKER DR	484 SPINNAKER DR
WESTON, FL. 33326	WESTON, FL. 33326
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registrations business entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an individual of another
JEFFERY HENDER	
484 SPINNAKER D	ddress (P.O. Box NOT acceptable)
City, State	

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..

stered 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:

/IGR	JEFFREY HENDERSHOT	
	484 SPINNAKER DR	
	WESTON, FL 33326	
•		
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	·	
		
		
		
(Use attachment if necessary)		
(Coo alacimont is incococally)		
LE V: Effective date, if other than the	ne date of filing:	. (OPTIONA

REQUIRED SIGNATURE:

Signature if 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.)

JEFFREY HENDERSHOT

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)