

LO9000025901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

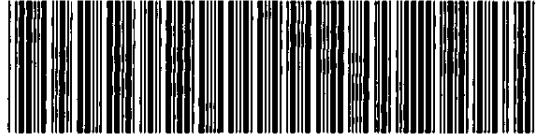
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200145658632

03/16/09--01011--003 \*\*125.00

FILED  
09 MAR 16 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. C. MAR 17 2009

**CONDON & HERALD**  
Associated Attorneys at Law

Gerald C. Condon, Jr., JD, CPA\*

*\*(also admitted in Colorado)*

John E. Herald, JD

Diane M. Lotto, EA & Paralegal

Riverwalk Plaza, Suite 301  
200 So. Washington Street  
Green Bay, WI 54301  
Phone: (920)432-6466  
Fax: (920) 432-5751  
chlaw@condonherald.com

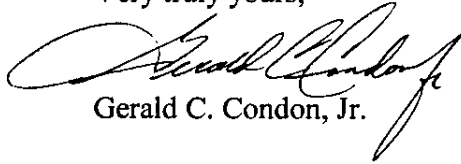
March 10, 2009

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Ferguson Capital, LLC

I have enclosed for filing a Cover Letter and Application for Ferguson Capital, LLC. Also enclosed is a check for the filing fee in the amount of \$125. Please send the letter of acknowledgment to me in the enclosed envelope. Thank you.

Very truly yours,



Gerald C. Condon, Jr.

Enclosures  
GCC:km

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FERGUSON CAPITAL, 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:

**GERALD C. CONDON, JR.**  
(Name of Person)

**CONDON & HERALD**  
(Firm/Company)

**200 S. WASHINGTON STREET, SUITE 301**  
(Address)

**GREEN BAY, WI 54301**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**GERALD C. CONDON, JR.** at ( **920** ) **432-6466**  
(Name of Person) (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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FERGUSON CAPITAL, 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:**

**Mailing Address:**

940 CAPE MARCO DR., #706 VERA CRUZ  
MARCO ISLAND, FL 34145

2983 LINEVILLE ROAD  
GREEN BAY, WI 54313

**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:

THOMAS BADCIONG

Name

940 CAPE MARCO DR., #706 VERA CRUZ

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

MARCO ISLAND FL 34145

City, State, and Zip

RECEIVED  
09 MAR 16 PM 1:54  
TALLAHASSEE FLORIDA  
DEPARTMENT OF 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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

LARRY FERGUSON

2983 LINEVILLE ROAD

GREEN BAY, WI 54313

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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.)

**LARRY FERGUSON**

Typed or printed name of signee

FILED  
09 MAR 16 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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)