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(City/State/Zip/Phone #)

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EFFECTIVE DATE 8/12/09



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09 AUG 17 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 18 2009

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OCOTILLO INVESTMENTS, 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:

TERRY MCNEMAR

Name of Person

Firm/Company

PO Box 356

Address

GULF BREEZE FL 32562

City/State and Zip Code

time4beach@aol.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

TERRY MCNEMAR

Name of Person

at (850) 221-1183

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:

OCOTILLO INVESTMENTS, 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:**

976 SOUND HARBOR CIRCLE  
GULF BREEZE FL 32963

PO BOX 356  
GULF BREEZE FL 32962

**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:

TERRI MCNEMAR

Name

976 SOUND HARBOR CIRCLE

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

GULF BREEZE FL 32563

City, State, and Zip

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*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..*

Terri McNemar

Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 8/12/09

**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

TERRY MCNEMAR  
976 SOUND HARBOR CIRCLE  
GULF BREEZE, FL 32543

MGRM

C. PAUL MCNEMAR  
976 SOUND HARBOR CIRCLE  
GULF BREEZE, FL 32543

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: AUGUST 10, 2009. (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:**

Terry McNemar  
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.)

TERRY MCNEMAR  
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)