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| Special Instructions to I | Filing Officer: | • |
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Office Use Only



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S. HAWKES SEP 2 9 2009 **EXAMINER**

COVER LETTER

| то: | Registration Section Division of Corporations |
|----------|---|
| SUBJE | CT: Pickerell's Sales & Leasing, LLC Name of Limited Liability Company |
| The enc | losed Articles of Organization and fee(s) are submitted for filing. |
| Please r | eturn all correspondence concerning this matter to the following: |
| | Elizabeth W. Bur Y. |
| - | Bell, Orr, Ayers & Moore, PSC |
| _ | 1010 College St. Address |
| _ | Bowling Green, Ky 42101 City/State and Zip Code |
| - | burt & boam law, com E-mail address: (to be used for future annual report notification) |
| For furt | her information concerning this matter, please call: |
| | Flizabeth W. Burl at (270) 781-8111 Name of Person Area Code & Daytime Telephone Number |
| Enclose | ed is a check for the following amount: |
| \$125.0 | Of Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee FL 323142661 Executive Center Circle |

Tallahassee, FL 32301

| ARTICLES OF ORGANIZATION FOR | FLORIDA LIMITED LIABILITY COMP |
|---|---|
| ARTICLE I - Name: | |
| The name of the Limited Liability Company | is: |
| Districtive Osland O. Lancing H. O. |) |
| Pickerell's Sales & Leasing, LLC | |
| (Must end with the words "Limited Lia | bility Company," "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the | principal office of the Limited Liability Comp |
| Principal Office Address: | Mailing Address: |
| 6655 Hwy. 40W | P.O. Box 771559 |
| Ocala, FL 34482 | Ocala, FL 34477 |
| | |
| (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) | |
| (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the | gistered Agent. You must designate an individual or another |
| (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Kimberly A. Dodd | gistered Agent. You must designate an individual or another e registered agent are: |
| (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the | gistered Agent. You must designate an individual or another e registered agent are: |
| (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Kimberly A. Dodd | gistered Agent. You must designate an individual or another |

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..

34482

Registered Agent's Signature (REQUIRED)

City, State, and Zip

Ocala,

(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:

| "MGRM" = N | lanaging Member | | 100 B |
|--|---|---|--|
| MGR | | Roger Welch | |
| | | 730 Fairview Ave., Suite A-6 Bowling Green, KY 42101 | OS ER PORTURAL CONTRACTOR OF THE PARTY OF TH |
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| (Use attachme | ent if necessary) | | |
| LE V: Effecti fective date is days after the | ve date, if other than the listed, the date must be date of filing.) | e date of filing: (be specific and cannot be more than five bu | |
| LE V: Effecti fective date is days after the | ve date, if other than the listed, the date must be date of filing.) SIGNATURE: | pe specific and cannot be more than five bu | |
| LE V: Effecti fective date is days after the | ve date, if other than the listed, the date must be date of filing.) SIGNATURE: | be specific and cannot be more than five bu | |
| LE V: Effecti fective date is days after the | ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Regulation Signature of a memb | er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury | |

of Registered Agent

\$ 30.00 Certifled Copy (Optional)

\$ 5.00 Certificate of Status (Optional)