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| (Re | questor's Name) | <u> </u> |
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| (Ad | dress) | |
| | | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL . |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | · . |
| (50 | oument Humber, | |
| Certified Copies | Certificates | of Status |
| | | · . |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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289 DEC 11 PH12: 07 SECRETARY OF STATE

M. THOMAS

DEC 1 4 2009

EXAMINER

COVER LETTER

| SUBJECT: | P | erfect Drift, LLC | | |
|------------------------------|---|---|--|--------------------------------|
| Sobject. | | ited Liability Company | · · · · · · · · · · · · · · · · · · · | |
| The enclosed Articl | es of Organization and fee(s) are | e submitted for filing. | | |
| Please return all cor | respondence concerning this ma | atter to the following: | | |
| | [| Dave Hofbauer | | |
| | | Name of Person | | |
| - <u></u> | | Firm/Company | | |
| | 586 | Kelly Green Drive | | |
| | | Address | | |
| | Palm H | larbor, Florida 34683 | | |
| | C | ity/State and Zip Code | | |
| | perfect | drift@mindspring.com | | D 2 |
| | E-mail address: (to be used | for future annual report notification) | | 10 BB D |
| For further informat | tion concerning this matter, plea | se call: | • | |
| | ave Hofbauer | at (727) Area Code & Daytime Tel | 9378669 | III I |
| N | ame of Person | Area Code & Daytime Tel | ephone Number | FSI FSI |
| Enclosed is a chec | k for the following amount: | | | PM 12: 07 OF STATE EE, FLORIDA |
| ∕]\$125.00 Filing Fe | ee \$\int_\$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filir Certificate o Certified Co (additional cop | f Status & |
| , | Mailing Address | Street/Courier Address | 6 | |

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

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 | :: |
| | |
| Perfect Dri | |
| (Must end with the words "Limited Liab | ility Company," "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of the p | orincipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 586 Kelly Green Drive | 586 Kelly Green Drive |
| Palm Harbor, Florida 34683 | Palm Harbor, Florida 34683 |
| ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.) | stered Agent. You must designate an individual or another. |
| The name and the Florida street address of the | |
| Dave Ho | · · · · · · · · · · · · · · · · · · · |
| Name | E CO |
| 586 Kelly G | reen Drive D. Box NOT acceptable) P. C. |
| Florida street address (P.C | D. Box NOT acceptable) |
| Palm Harbor, 34683 | FL |
| City, State, | and Zip |

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)

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:

| | Name and Address: |
|--|---|
| "MGR" = Manager "MGRM" = Managing Me | mber |
| MGRM | |
| MGRW | Dave Hofbauer |
| | 586 Kelly Green Drive Palm Harbor, Florida 34683 |
| | Paini Hardoi, Fiorida 34003 |
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| (Use attachment if necessa | ary) |
| ` | •• |
| CLE V: Effective date, if oth | ner than the date of filing: December 14, 2009 (OPTIONAL) |
| CLE V: Effective date, if oth effective date is listed, the d | ner than the date of filing: December 14, 2009 (OPTIONAL) ate must be specific and cannot be more than five business thays price. |
| CLE V: Effective date, if oth | ner than the date of filing: December 14, 2009 (OPTIONAL) ate must be specific and cannot be more than five business days price |
| CLE V: Effective date, if oth effective date is listed, the d | ner than the date of filing: December 14, 2009 (OPTIONAL) ate must be specific and cannot be more than five business days prices. |
| CLE V: Effective date, if oth effective date is listed, the degree days after the date of filing | ner than the date of filing: December 14, 2009 (OPTIONAL) ate must be specific and cannot be more than five business days prices. |
| CLE V: Effective date, if oth effective date is listed, the do days after the date of filin REQUIRED SIGNATUR | ner than the date of filing: December 14, 2009 (OPTIONAL) ate must be specific and cannot be more than five business thays prices. EE: Owe Holbure |
| CLE V: Effective date, if oth effective date is listed, the degree of days after the date of filing REQUIRED SIGNATURES Signature | ner than the date of filing: December 14, 2009 (OPTIONAL) ate must be specific and cannot be more than five business days prior ag.) RE: Out Hoffman of a member or an authorized representative of a member. |
| CLE V: Effective date, if oth effective date is listed, the depondence of filing REQUIRED SIGNATURES Signature (In accordance of this defended in the signature of this defended in the signature of the signature | ner than the date of filing: December 14, 2009 (OPTIONAL) ate must be specific and cannot be more than five business days prior ag.) RE: Cove Hofbure To See The |
| CLE V: Effective date, if oth effective date is listed, the depondence of filing REQUIRED SIGNATURES Signature (In accordance of this defended in the signature of this defended in the signature of the signature | ner than the date of filing: December 14, 2009 (OPTIONAL) ate must be specific and cannot be more than five business thays price of a member or an authorized representative of a member. SEE: lance with section 608.408(3), Florida Statutes, the execution recument constitutes an affirmation under the penalties of perjury |
| CLE V: Effective date, if oth effective date is listed, the depondence of filing REQUIRED SIGNATURES Signature (In accordance of this defended in the signature of this defended in the signature of the signature | ner than the date of filing: December 14, 2009 (OPTIONAL) ate must be specific and cannot be more than five business thays price ate: Of a member or an authorized representative of a member. In ance with section 608.408(3), Florida Statutes, the execution recurrent constitutes an affirmation under the penalties of perjury acts stated herein are true.) |

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)