Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FRANK H. FEE, III, ESQUIRE

Account Number : I19990000154 Phone : (772)461-502

Phone : (772)461-5020 Fax Number : (772)468-8461

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail Address: Ffee@feederossfee.com

## FLORIDA/FOREIGN LIMITED LIABILITY CO. FEE BROS., LLC

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
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 Estimated Charge
 \$125.00

S. HAWKES

JAN 2 6 2010

**EXAMINER** 

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Corporate Filing Menu

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(((H100000164603)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY	COMP	'ANY

CHARLES OF CHOOK INCLUDED	
(pmc, p. )	TAL.
ARTICLE I - Name:	
The name of the Limited Liability Com	ipany is:
	- And
FEE	BROS., LLC
(Must end with the words "Lin	nited Liability Company," "L.L.C.," or "LLC.")
A DOMEST AND A A A A	
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
426 Avenue A	426 Avenue A
Fort Pierce, FL 34950	Fort Pierce, FI 34950
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street address	·
FRANK I	H. FEE, III, ESQUIRE
	Name
4	26 Avenue A
Florida street add	iress (P.O. Box <u>NOT</u> acceptable)
Fort Pierce, FL	34950 FL
Cit	y, State, and Zip
YY . 7 . 7 . 7	and the second s

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

(((H10000016460 3)))

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	ger naging Member	Name and Address:	
MGR		FRANK H. FEE, III 426 Avenue A Fort Pierce, El _34950	SECULIARISE OF TECHNOLOGY
	<del></del>		
	<del></del>		
LE V: Effective	date, if other than the	date of filing:	. (OPTION
LE V: Effective ective date is list days after the d	date, if other than the sted, the date must be late of filing.)  GNATURE:	e specific and cannot be more than	five business da
(Use attachment LE V: Effective fective date is list days after the d REQUIRED SI	date, if other than the sted, the date must be late of filing.)  GNATURE:  Signature of a member (In accordance with sec	e specific and cannot be more than  r or an authorized representative of a metion 608.408(3), Florida Stantes, the executives an affirmation under the penalties of	five business da
LE V: Effective fective date is li- days after the d	date, if other than the sted, the date must be ate of filing.)  GNATURE:  Signature of a member of this document const that the facts stated her	e specific and cannot be more than  r or an authorized representative of a metion 608.408(3), Florida Stantes, the executives an affirmation under the penalties of	five business da